

P 16000028719

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

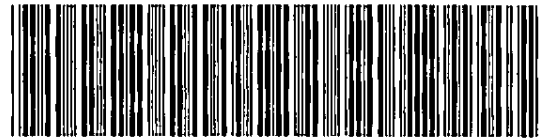
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Murray Business Group, Inc
Name of Corporation

DOCUMENT NUMBER: P16000028719

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karl A Murray
Name of Contact Person

Murray Business Group Inc
Firm/Company

6847 W Hwy 40
Address

Ocala FL 34482
City/State and Zip Code

karl.murray@bobstireandbrake.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karl A Murray at (321) 223-1101
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 27, 2017

KARL A. MURRAY
6847 W HIGHWAY 40
OCALA, FL 34482

SUBJECT: MURRAY BUSINESS GROUP, INC.
Ref. Number: P16000028719

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please resubmit in portrait format, not landscape.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden
Regulatory Specialist II

Letter Number: 717A00026196

RECEIVED
JAN 12 PM 1:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Murray Business Group, Inc
2. The principal office address: 6847 W Highway 40
Ocala FL 34482
3. The mailing address (if different): same

4. Date of incorporation/qualification: 3/29/2016 Document number: P16000028719

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Karl A Murray
2820 NW 35th Place
Gainesville FL 32605

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Karl A Murray
6847 W Highway 40
P.O. Box NOT acceptable
Ocala FL 34482

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Karl A. Murray
Signature of an officer or director

Karl A Murray, President
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Karl A. Murray
Signature of Registered Agent

1/9/2018
Date

If signing on behalf of an entity:

Karl A Murray
Typed or Printed Name

*** FILING FEE: \$35.00 ***