

(Requestor's Name) (Address)	700331551887
(Address) (City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	07/18/1901027036 **35.00
Certified Copies Certificates of Status	S TALLENT JUL 2 6 2019
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## **COVER LETTER**

TO: Amendment Section Division of Corporations

SUBJECT: MG DESIGN & SALAZAR STUDIO, WRP. Name of Corporation

DOCUMENT NUMBER: PIQ paper 44571

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:



For further information concerning this matter, please call:

DIANELIS MONTERA at (305) 218-8589 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

CR2E045 (03/12)

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

1.	The name of the corporation: MG DESIGN AND SALAZAR STUDIO, CORP.
2.	The principal office address: 19963 NW 89 PL, MIAMI LAKES FL
3.	The mailing address (if different):SAME AS ABOVE
4.	Date of incorporation/qualification: $\frac{05/18/2016}{00000000000000000000000000000000000$
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)
	SUSEL MONTERA (RESIGNED)
	14963 NW 89 PL
	MIAMI LAKES, FL 33018
6.	<u>MIAMI LOUKS</u> , FL 33018
	$\frac{DIANELIS}{14963 N 6 89 PL}$
	MIAMILAKES FL 33018

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.

Printed or typed name and little ure of an officer or director

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.

Signatuk degistered Agent

07.02.19 Date

If signing on behalf of an entity:

. . . .

NELIS RK Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)