

P170000012461

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

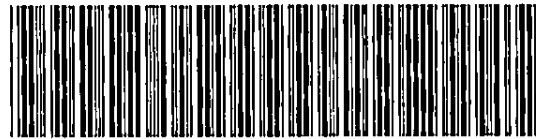
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MGB ACCOUNTING CORP

Name of Corporation

DOCUMENT NUMBER: P17000012461

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:

MARY G. BOUSSIBA

Name of Contact Person

MGB ACCOUNTING CORP

Firm/Company

7579 SOLIMAR CIRCLE

Address

BOCA RATON, FL 33433

City/State and Zip Code

MGBOUSS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARY G. BOUSSIBA

Name of Contact Person

at (773) 517-2688

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

October 31, 2018

MARY G. BOUSSIBA
MGB ACCOUNTING CORP
7579 SOLIMAR CIRCLE
BOCA RATON, FL 33433

SUBJECT: MGB ACCOUNTING CORP
Ref. Number: P17000012461

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

The document must have original signatures.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 618A00022510

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SECRETARY OF STATE
TALLAHASSEE, FL

**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: MGB ACCOUNTING CORP
2. The principal office address: 7579 SOLIMAR CIRCLE, BOCA RATON, FL 33433
3. The mailing address (if different): 7579 SOLIMAR CIRCLE, BOCA RATON, FL 33433
4. Date of incorporation/qualification: 2/1/2017 Document number: P17000012461
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)

MARY G. BOUSSIBA

22 TAM O SHANTER LANE

BOCA RATON, FL 33431

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

MARY G. BOUSSIBA

7579 SOLIMAR CIRCLE

P.O. Box NOT acceptable

BOCA RATON, FL 33433

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.

Mary G. Boussiba
Signature of an officer or director

MARY G. BOUSSIBA, 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.

Mary G. Boussiba
Signature of Registered Agent

11-7-2018
Date

If signing on behalf of an entity:

Typed or Printed Name

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