

P17000040822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800304247928

10/10/17--01013--013 ++35.00

FILED  
17 OCT 10 PM 4:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OCT 10 2017

S. YOUNG

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: MVP MANAGEMENT INC.

Name of Corporation

DOCUMENT NUMBER: P17000040822

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:

ROSE M ARREAGA

Name of Contact Person

Firm/Company

7648 ROCKPORT CIR

Address

LAKE WORTH, FL 33467

City/State and Zip Code

ROSIE@MVPCORPORATE.COM

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

For further information concerning this matter, please call:

ROSE ARREAGA

Name of Contact Person

at ( 561 ) 332-8338

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

**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: MVP MANAGEMENT INC.
2. The principal office address: 7648 ROCKPORT CIR  
LAKE WORTH, FL 33467
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: \_\_\_\_\_ Document number: P17000040822
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)

ROSE M MARTINEZ

7648 ROCKPORT CIR

LAKE WORTH, FL 33467

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

ROSE M ARREAGA

7648 ROCKPORT CIR

P.O. Box NOT acceptable

LAKE WORTH, FL 33467

**FILED**  
**OCT 10 PM 4:21**  
**SECRETARIAT OF STATE**  
**TALLAHASSEE, FLORIDA**

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.

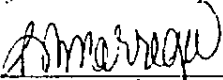


Signature of an officer or director

ROSE M MARTINEZ/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.*



Signature of Registered Agent

10/5/2017

Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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