

P170000070064

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

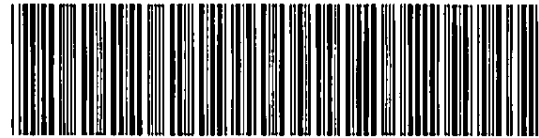
(Business Entity Name)

(Document Number)

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OCT 30 2017

I ALBRITTON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** M PLACE DISTRIBUTORS INC

Name of Corporation

**DOCUMENT NUMBER:** P17000070064

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:

GABRIEL J BEDOYA

Name of Contact Person

M PLACE DISTRIBUTORS INC

Firm/Company

4263 SW 132nd WAY

Address

MIRAMAR,FLORIDA,33027

City/State and Zip Code

GABRIEL@MPLACEDISTRIBUTORS.COM

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

For further information concerning this matter, please call:

GABRIEL J BEDOYA

Name of Contact Person

at ( 786 ) 6318270

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: m place distributors inc

2. The principal office address: 4263 sw 132nd way miramar florida 33027

3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 08/21/2017 Document number: p17000070064

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)

BENITEZ, LEONEL G, SR  
250 180TH DR  
157  
SUNNY ISLES BEACH, FL 33160

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

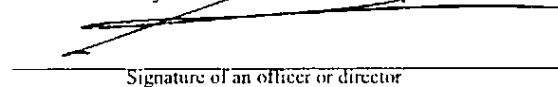
GABRIEL J BEDOYA

4263 SW 132ND WAY MIRAMAR FLORIDA 33027

P.O. Box NOT acceptable

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

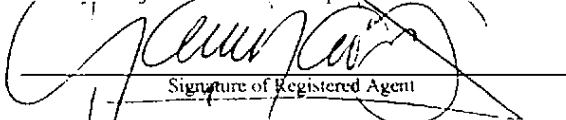
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

LEONEL G BENITEZ

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

10/17/2017

Date

If signing on behalf of an entity:

GABRIEL J BEDOYA

Typed or Printed Name

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

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