

PI7000075571

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

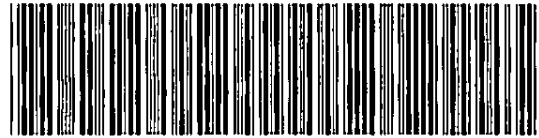
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MDM Realty, Inc.
Name of Corporation

DOCUMENT NUMBER: P17000075571

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:

Liandrea Menna

Name of Contact Person

MDM Realty, Inc.

Firm/Company

PO Box 4189

Address

Clearwater, FL 33758

City/State and Zip Code

lmenna@mdmhotels.com

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

For further information concerning this matter, please call:

Liandrea (Lia) Menna

Name of Contact Person

at (727) 796.0021

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 _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MDM Realty, Inc.
2. The principal office address: 2629 McCormick Dr, Suite 102
Clearwater, FL 33758
3. The mailing address (if different): PO Box 4189, Clearwater, FL 33758

4. Date of incorporation/qualification: 9/18/2017 Document number: P17000075571

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)

Liandrea Menna
12600 Roosevelt Blvd N
St. Petersburg, FL 33716

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

Liandrea Menna
2629 McCormick Dr, Suite 102
P.O. Box NOT acceptable
Clearwater, FL 33759

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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.

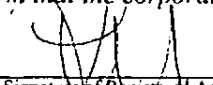


Signature of an officer or director

Anthony Menna, 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

10/31/18

Date

If signing on behalf of an entity:

LIANDREA MENNA

Typed or Printed Name

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