Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210002594583)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067 Phone : (407)370-3686 Fax Number : (407)370-3120

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Cax O/(a)/ax500acc com

REGISTERED AGENT CHANGE MU COMMUNICATIONS CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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Page: 2 07/5/2021 10:27 AM TO:18506176380 FROM:4073703120

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: MU COMMUNICATIONS CORP Name of Corporation		
DOCUMENT NUMBER: P18000015784		
The enclosed Statement of Change of Registered O	ffice/Agent and fee	are submitted for filing.
Please return all correspondence concerning this ma	atter to the followin	g:
CAROLINE LARSON		
Name of Contact Person		
LARSON ACCOUNTING GROUP		
Firm/Company		
7901 KINGSPOINTE PARKWAY STE 17		
Address		
ORLANDO, FL 32819		
City/State and Zip Code		
CAROL@LARSONACC.COM		
E-mail address: (to be used for future annual re	port notification)	
For further information concerning this matter, plea	ase call:	
UBIRATAN A. DA SILVA Name of Contact Person	at (407	724-5640 le & Daytime Telephone Number
INATHE OF CONTACT FEISOR	Area Cou	ie de Davidhe Telebhone Mulhoel

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

Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

statement of cha	ange is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statute inized under the laws of the State of <u>FLOR</u> I	IDA
		stered agent, or both, in the State of Florida	i.
1. The name of	the corporation: MU COMMUNICATIO	NS CORP	
2. The principal	office address: 6982 MAPPERTON DRI	VE WINDERMERE, FL 34786	
3 The mailing a	address (if different): 6982 MAPPERTO	N DRIVE WINDERMERE, FL 34786	
4. Date of incom	noration/qualification: 02/15/2018	Document number: P18000015784	
5. The name and		agent and registered office on file with the	
	DA SILVA, UBIRATAN A		
	6454 MARKRUT LIME DRIVE	_	
	WINTER GARDEN, FL 34787		
6. The name and (if changed):	d street address of the new registered ago	ent (if changed) and /or registered office	.:
	LARSON ACCOUNTING GROUP		
	7901 KINGSPOINTE PARKWAY STE 17		an e
	P.O. Bo	ox NOT soceptable	=
	ORLANDO, FL 32819		 PIN 12: 09
The street addresses changed will	ess of its registered office and the street be identical.	t address of the business office of its regis	
Such change wa	as authorized by resolution duly adopte	ed by its board of directors or by an officer otified in writing of the change.	r so
241101122G	so coate, or the corporation has occir in	DA SILVA, UBIRATAN A - P	
Signatui	re of an officer of director	Printed or typed name and title	
of my duties, and locument is bei	the appointment as registered agent as to comply with the provisions of all stat d I am familiar with and accept the ob- ng filed merely to reflect a change in the been notified in writing of this change	tutes relative to the proper and complete p ligation of my position as registered agent he registered office address. I hereby confi	performance t. Or, if this irm that the
(7) a	wlangu	07/01/2021	
Sign	nature of Registered Agent	Date	
f signing on bel	half of an entity:		
CAROLINE G. L	ARSON		
Ty	rped or Printed Name		
	* * * FILING FI	EE: \$35.00 * * *	