P18000039259

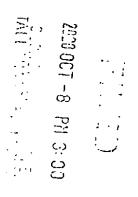
(Re	questor's Name)	
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	dress)	-
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Amendment Section .	•
Division of Corporations .	•
LUBLING A COLIDED O COMMUTANO	
SUBJECT: MELISSA GOLDBERG CONSULTING, Name of Corporation	CORP
Name of Corporation	
DOCUMENT NUMBER: P18000039259	
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Melissa Goldberg	
Name of Contact Person	
MELISSA GOLDBERG CONSULTING, CORP	
Firm/Company	
4531 Ponce de Leon Blve, Suite 200	
Address	
Coral Gables, FL 33146	
City/State and Zip Code	
mgconsultingcorp@outlook.com	1
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, ple	ase call:
Melissa Goldberg	at (305 \\ \)389-4312
Name of Contact Person	at (305) 389-4312 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	epartment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations Division of Corporations	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

P.O. Box 6327

Tallahassee, FL 32314

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this inge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida.
	the corporation: MELISSA GOLDBERG CONSULTING, CORP office address: 4531 Ponce de Leon Blvd., Suit-200, Coral Gables, Florida 33146
3. The mailing a	ddress (if different): Same
	poration/qualification: 05/02/2018 Document number: P18000039259
5. The name and	d street address of the current registered agent and registered office on file with the treet of State: (If resigned, enter resigned)
	SPIEGEL & UTRERA P.A.
	1840 SW 22ND ST 4TH FLOOR
	MIAMI. FL 33145
6. The name and (if changed):	MIAMI, FL 33145 I street address of the new registered agent (if changed) and /or registered office
	Melissa Goldberg Goldberg
	4531 Ponce de Leon Blvd., Suit 200,
	P.O. Box NOT acceptable Coral Gables, Florida 33146
The street addre	ess of its registered office and the street address of the business office of its registered agent, be identical.
Such change was authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
mulin	4 . • • • • • • • • • • • • • • • • • •
Signatui	re of an officer or director Printed or typed name and title
I furthér agrée i of my duties, an document is bei	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance d I am familiar with and accept the obligation of my position as registered agent. Or, if this ng filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
Melin	nature of Registered Agent Date
It signing on be	half of an entity:
Melissa Goldberg	·
	yped or Printed Name
	* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314