

PI8 00000 88202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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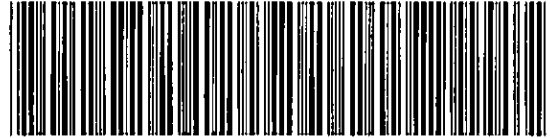
(Business Entity Name)

(Document Number)

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S TALLENT

JAN 07 2020

L/A/c#

FILED
2019 DEC 30 AM 8:40
SIR J. E. GIBB
JAN 07 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 7, 2019

MICHELE HOOVER
SOLOMON & HOOVER CPAS, PLLC
1342 COLONIAL BLVD STE B-11
FORT MYERS, FL 33907

SUBJECT: MASSE REAL ESTATE & PROPERTY MANAGEMENT GROUP,
INC.
Ref. Number: P18000088202

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FLORIDA PROFIT CORPORATION. Please complete and return the enclosed blank form(s). THERE IS AN ADDITIONAL FILING FEE OF \$10.00 STILL DUE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 519A00024888

2019 DEC 30 PM 4:27

RECEIVED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MASSE REAL ESTATE & PROPERTY MANAGEMENT GROUP INC.
Name of Corporation

DOCUMENT NUMBER: P18000088202

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:

MICHELE M. HOOVER

Name of Contact Person

SOLOMON & HOOVERS CPAS PLLC

Firm/Company

1342 COLONIAL BLVD STE B-11

Address

FORT MYERS, FL 33907

City/State and Zip Code

MHOOVER@SOLOMONHOOVER.COM

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

For further information concerning this matter, please call:

MICHELE M. HOOVER

Name of Contact Person

at (239)

481-4114

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

1. The name of the corporation: MASSE REAL ESTATE & PROPERTY MANAGEMENT GROUP, INC.
2. The principal office address: 1808 SW 32ND ST. CAPE CORAL, FLORIDA 33914

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/23/2018 Document number: P18000088202

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)

CREDIT UNDERWRITERS, INC.

15642 LIGHT BLUE CIRCLE

FORT MEYERS, FL 33908

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

SOLOMON & HOOVER CPAS, PLLC

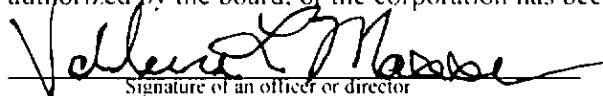
1342 COLONIAL BLVD STE B-11

P.O. Box NOT acceptable

FORT MYERS, FL 33907

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

VALERIE L. MASSE, 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

12/26/2019

Date

If signing on behalf of an entity:

Typed 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

CR2E045 (04/13)

FILED
2019 DEC 30 AM 8:40
CLERK OF THE
SOLICITOR GENERAL'S
OFFICE