

P23000010206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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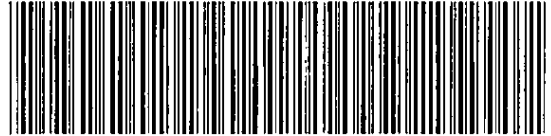
(Business Entity Name)

(Document Number)

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AUG 15 2023

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MT FINANCE FLORIDA INC.
Name of Corporation

DOCUMENT NUMBER: P23000010206

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:

Talita Araujo

Name of Contact Person

Chaves Perlowitz Luftig LLP

Firm/Company

1 Liberty Plaza 46th Floor

Address

New York, NY, 10006

City/State and Zip Code

TA@CPLLAWFIRM.COM

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

For further information concerning this matter, please call:

Talita Araujo

at (917) 826 0601

Name of Contact Person

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL

**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: MT FINANCE FLORIDA INC.
2. The principal office address: 300 Three Islands Blvd apt 209 33009 Hallandale Beach, FL

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/08/2023 Document number: P23000010206

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)

Adriana Demjen

800 West Ave. apt. 618, Miami Beach, FL, 33139

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

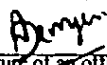
Adriana Demjen

300 Three Islands Blvd apt 209 33009 Hallandale Beach, FL

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

ADRIANA DEMJEN

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

06/21/2023

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
CR2F045 (04/13)