

P230000039342

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

J. HORNE  
OCT 24 2023

Office Use Only



600417277146

10/13/23--01008--007 \*\*35.00

23 OCT 13 PM 12:28  
FILED  
CLERK OF COURT  
JULIA A. HARRIS

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** M.A.N Elevator Inspections, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P23000039342

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:

Resa Hosein

Name of Contact Person

M.A.N Elevator Inspections, Inc.

Firm/Company

9314 Forest Hill Blvd. Suite 953

Address

Wellington, FL 33411

City/State and Zip Code

ResaH@manelevatorinspections.com

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

For further information concerning this matter, please call:

Resa Hosein

at ( 561 ) 900-8548

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

**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: M.A.N Elevator Inspections, Inc.
2. The principal office address: 9314 Forest Hill Blvd Suite 953, Wellington, FL 33411
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 06/01/23 Document number: P23000039342
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)

Noel Reyes,

7405 NW 58th Ct., Tamarac, FL 33321

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

Registered Agents Inc


7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

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

Resa Hosein, Treasurer

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

10/12/2023

Date

If signing on behalf of an entity:

David Roberts

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)