

12/11/24, 10:46 PM

H240004086983  
Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**P24000071819**

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(((H24000408698 3)))



H240004086983ABCR

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To:

Division of Corporations  
Fax Number : (850)617-6380

From:

Account Name : MERIAM CORPORATE SERVICES, INC.  
Account Number : 170230000158  
Phone : (720)318-8456  
Fax Number : (480)771-3338

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

Email Address: meriamfinancial@gmail.com

2024 DEC 12 AM 7:23  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

**REGISTERED AGENT CHANGE  
BERHANE MANAGEMENT GROUP, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

Wmills

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Corporate Filing Menu

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: Berhane Management Group, Inc.  
Name of Corporation

DOCUMENT NUMBER: P24000071819

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:

Samantha Jackson

Name of Contact Person

Meriam Corporate Services, Inc.

Firm/Company

PO Box 52588

Address

Mesa AZ 85208

City/State and Zip Code

meriamfinancial@gmail.com

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

For further information concerning this matter, please call:

Samantha Jackson

Name of Contact Person

at (720)

318.8456

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

H240004086983

H240004086983

**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: BERHANE MANAGEMENT GROUP, INC.
2. The principal office address: 1096 E. Newport Center Dr. Ste 100 Deerfield Beach FL 33442
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 11/22/2024 Document number: P24000071819
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)

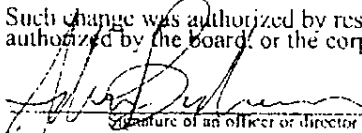
ADEN BERHANE4519 GEORGE RD STE 170DEERFIELD BEACH, FL 33442

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

ADEN BERHANE1096 E. Newport Center Dr. Ste 100P.O. Box NOT acceptableDeerfield Beach FL 33442
 2024 DEC 12 AM 7:23  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

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

ADEN BERHANE, 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

12.09.2024

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)

H240004086983