

P94000091749

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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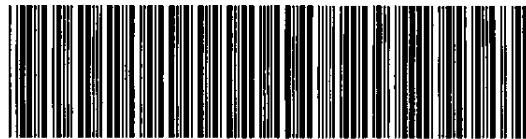
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 17 2014

T. LEMMON

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MLH Financial Services, Inc.

Name of Corporation

**DOCUMENT NUMBER:** P94000091749

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:

Michael B. Haber

Name of Contact Person

MLH Financial Services, Inc.

Firm/Company

P.O. Box 1038

Address

Dunedin, FL 34697

City/State and Zip Code

mhaber@tampabay.rr.com

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

For further information concerning this matter, please call:

Michael B. Haber

Name of Contact Person

at ( 813 ) 877-3233

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

1. The name of the corporation: MLH Financial Services, Inc.
2. The principal office address: 28463 US HWY19, Suite 100, Clearwater, FL 33761
3. The mailing address (if different): P.O. Box 1038, Dunedin, FL 34697
4. Date of incorporation/qualification: 12/19/1994 Document number: P94000091749
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)

Cramer & Haber, P.A.

1311 N. Church Avenue

Tampa, FL 33607

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

Michael B. Haber

28463 US Hwy 19, Suite 100

P.O. Box NOT acceptable

Clearwater, FL 33761

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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.

Michael B. Haber, President  
Signature of an officer or director

Michael B. Haber, 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.*

Michael B. Haber  
Signature of Registered Agent

12/4/2014  
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 (03/12)