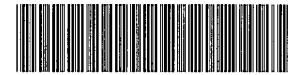
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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	of Status
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SECRETARY OF STATE TALLAHASSEE, FLORID

Kirr (Vi)

COVER LETTER

TO: Amendment Section Division of Corporations			
SUBJECT: M. Nomew's Mooking & Inspections Ing. Name of Chriporation			
DOCUMENT NUMBER: \$\partial 95000057 703			
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:			
Maria Romew Name of Contact Person			
M. Nomero's Roofing Firm/Company			
5280 NW 77 cout Address			
Odral / EC 33166 City/State and Zip Code			
MARIA @ MRimeroRarFing. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
MARIA ROMERO at 305 388-3704 Name of Contact Person Area Code & Daytime Telephone Number			
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 Street Address: Amendment Section Division of Corporations			

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

P.O. Box 6327

Tallahassee, FL 32314

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.
1. The name of the corporation: M. Manago S Marking & Share T
2. The principal office address: 5280 NW 77 Court Ooral, FC 33166
3. The mailing address (if different):
4. Date of incorporation/qualification: 7126/1985 Document number: \$\frac{950000}{57703}
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)
- Marion Nomeno
- 7731 SW129AVE
miani, FC 33183
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
- Marios W. Nomero
5280 NW 77 Court P.O. Box NOT acceptable Ooral, FC 33166 77
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 amofficers authorized by the board or the corporation has been notified in writing of the change.
Signature of an officer or director Printed or typed name and fille 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.
11/2/16
Signature of Registered Agent f signing on behalf of an entity:
Typed or Printed Name
, , · · · · · · · · · · · · · · · · · ·

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