

P97000 OTT 722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

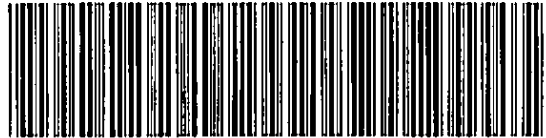
(Business Entity Name)

(Document Number)

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2020 JAN -3 PM 2:16

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2019

MICHAEL MCGARRIGLE
MICHAEL MCGARRIGLE, INC.
PO BOX 361936
MELBOURNE, FL 32936

SUBJECT: MICHAEL MCGARRIGLE, INC.
Ref. Number: P97000077722

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers listed.

The capacity of the officer/director signing should be indicated. Ex. President, Vice President, Chairman of the Board, etc.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 819A00025835

2020 JAN -3 PM 11:57

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Michael McGarrigle Inc
Name of Corporation

DOCUMENT NUMBER: P97000077722

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 McGarrigle
Name of Contact Person

Michael McGarrigle
Firm/Company

PO Box 361936
Address

Melbourne, FL 32936
City/State and Zip Code

saveonterm@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael McGarrigle at 321 757-9770
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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

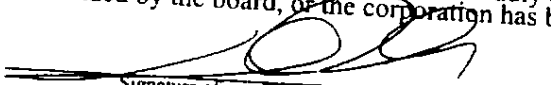
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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: Michael McGarrigle, Inc.
2. The principal office address: 478 N Babcock Street Suite 801, Melbourne, FL 32935
3. The mailing address (if different): PO Box 361936 Melbourne FL 32936
4. Date of incorporation/qualification: 09/08/1997 Document number: P97000077722
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)
Michael McGarrigle
422 Fifth Avenue
Indialantic, FL 32903
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Michael McGarrigle
3462 Saddle Brook Drive
Melbourne, FL 32934
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

Michael McGarrigle 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

11/15/2019
Date

If signing on behalf of an entity:

Michael McGarrigle
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)