P97000098339

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
<u> </u> 		

Office Use Only



600042676176

11/24/04--01020--024 **35.00

OLNOV 24 PHI2: 51

paro o aroun

COVER LETTER

۶۹

Amendment Section Division of Corporations
SUBJECT: Modern Business Associates II, Inc. (Name of corporation)
DOCUMENT NUMBER: P97 0000 98339
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:
Virginia Borgianini (Name of conflict person)
Modern Business Associates (Firm/Company)
9455 Koger Blud., 2nd Floor
St. Petersburg FL 33702 (City/state and zip code)
For further information concerning this matter, please call:
Virginia Borgianini at (727) 894-4622 (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 P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

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 Floridain order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Modern Bysiness Associates II, Inc.
2. The principal office address: 475 Central Ave., Ste. 100 St. Petersburg FL 33701
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/18/97 Document number: P970000 98339
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:
Lettelleir, Mack P.
475 Central Ave., Svite 100 == =
St. Petersburg FL 33701 器 = T
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
Lettelleir, Mark P. 9455 Koger Blvd., 2nd Floor (P.O. Box NOTE despitable)
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 comporation has been notified in writing of the change.
Mark Lettelleic President (Signature of an officer or director) Mark Lettelleic President
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 duttes, 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) (Signature of Registered Agent)
If signing on behalf of an entity:
Mark P. Lettelleir (Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *