

P9800003332

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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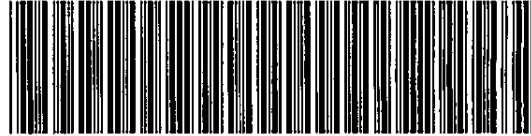
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: M and N Holloway Realty Inc
Name of Corporation

DOCUMENT NUMBER: P9800003392

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:

M and N Holloway Realty Inc
Name of Contact Person

2500 14th Street
Firm/Company

St. Cloud FL 34769
Address

MNH Realty @ AOL.COM
City/State and Zip Code

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

For further information concerning this matter, please call:

_____ at (_____) _____
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 3, 2015

ROSA HOLLOWAY
M AND N HOLLOWAY REALTY, INC.
2500 14TH STREET
ST. CLOUD, FL 34769

SUBJECT: M AND N HOLLOWAY REALTY, INC.
Ref. Number: P98000033392

We have received your document for M AND N HOLLOWAY REALTY, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please complete the form in its entirety.

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

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.

Irene Albritton
Regulatory Specialist II

Letter Number: 215A00023255

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**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: M and N Holloway Realty Inc
2. The principal office address: 2500 14th Street, St. Cloud FL 34769

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 4-10-98 Document number: P9800003392

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)

Rosa Holloway
1320 Tennessee Ave.
St. Cloud FL 34769

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

Rosa Holloway
2500 14th Street
St. Cloud FL 34769

P.O. Box NOT acceptable

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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.

Rosa Holloway
Signature of an officer or director

Rosa Holloway
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.

Rosa Holloway
Signature of Registered Agent

11-16-15
Date

If signing on behalf of an entity:

Rosa Holloway
Typed or Printed Name

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