

P98000056622

(Requestor's Name)

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(City/State/Zip/Phone #)

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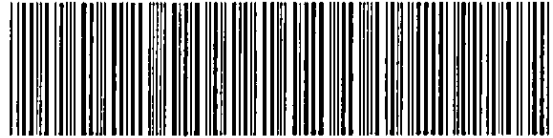
(Business Entity Name)

(Document Number)

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DATE: 3/20/20

NAME: MONGE & SONS, INC

TYPE OF FILING: CHANGE OF AGENT

COST: 35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MONGE & SONS, INC.
Name of Corporation

DOCUMENT NUMBER: P98000056622

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:

Stephen Zagami

Name of Contact Person

Velawcity Legal Support Services

Firm/Company

60 Eaton Road

Address

Framingham, MA 01701

City/State and Zip Code

ctmonge@grupomonge.com

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

For further information concerning this matter, please call:

Stephen Zagami

Name of Contact Person

at (508)

310-1001

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: MONGE & SONS, INC.
2. The principal office address: 2 S. BISCAYNE BOULEVARD SUITE 1900 MIAMI, FL. 33131
3. The mailing address (if different): _____
4. Date of incorporation/qualification: June 24, 1998 Document number: P98000056622
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)

F & I Corp

1 INDEPENDENT DRIVE, SUITE 1300

JACKSONVILLE, FL 32202

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

NRAI Services, Inc.

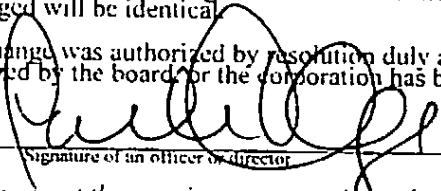
1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, FL 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

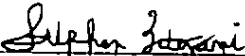
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Carlos Federico Monge, 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

3/20/2020

Date

If signing on behalf of an entity:

Stephen Zagami as Asst. Secretary of NRAI Services, Inc.

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 (04/13)

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