

P98000082352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400290615344

09/27/16--01013--002 \*\*25.00

12/02/16--01001--003 \*\*10.00

2016 SEP 26 AM 11:03  
TALLAHASSEE, FLORIDA

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 DEC -2 P 1:01

FILED

DEC 06 2016

T. LEMIEUX

ARC

## COVER LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: **Matheson Holding , Inc**

Name of Corporation

DOCUMENT NUMBER: **P98000082352**

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:

**Scott Silver**

Name of Contact Person

Firm/Company

**2980 McFarlane Rd #12**

Address

**Miami, FL 33133**

City/State and Zip Code

**ashley@grouperfinancial.com**

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Contact Person at (\_\_\_\_\_) \_\_\_\_\_  
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

RECEIVED  
16 NOV 94 PM 12:37  
CR 045 (03/12)  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 29, 2016

SCOTT SILVER  
2980 MCFARLANE RD #12  
MIAMI, FL 33133

SUBJECT: MATHESON HOLDING, INC.  
Ref. Number: P98000082352

We have received your document for MATHESON HOLDING, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document you sent in is for a LLC.

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.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 616A00021009

**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 \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Matheson Holding, INC
2. The principal office address: 2980 McFarlane Rd, Ste 12  
Miami, FL 33133
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 09/23/98 Document number: P98000082352
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)

Scott Silver

18001 Old Cutler Rd, Ste 600

Palmetto Bay, FL 33157

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

Ashley Sodeman

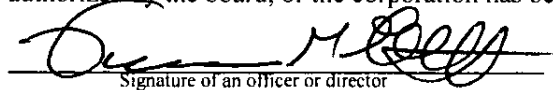
2980 McFarlane Rd, Ste 12

P.O. Box NOT acceptable

Miami, FL 33133

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

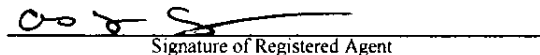
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Fredric Garvett

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

10/27/16  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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)