

P99000653858

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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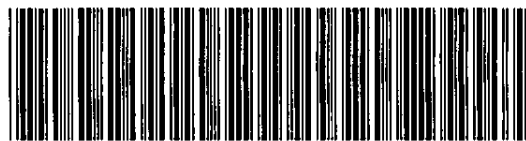
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MCCC CORPORATION  
Name of Corporation

**DOCUMENT NUMBER:** P 99000053858

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:

RAFAEL GARCIA  
Name of Contact Person

MCCC CORPORATION  
Firm/Company

7685 NW 12 ST.  
Address

MIAMI, FL 33126  
City/State and Zip Code

ESTANCIAHOTEL@GMAIL.COM ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RAFAEL GARCIA at (305) 297-4609  
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: MCCC CORPORATION
2. The principal office address: 7685 NW 12 ST.  
MIAMI, FL 33126
3. The mailing address (if different): 7685 NW 12 ST. MIAMI, FL 33126
4. Date of incorporation/qualification: 6/14/1999 Document number: P99000053858
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)

RAFAEL GARCIA  
6059 SUNRISE DR  
CORAL GABLES, FL 33133

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

RAFAEL GARCIA  
7685 NW 12 ST.  
MIAMI, FL 33126

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.

[Signature]  
Signature of an officer or director

SALVADOR CARBALLO - DIRECTOR  
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]  
Signature of Registered Agent

2/14/17  
Date

If signing on behalf of an entity:

RAFAEL GARCIA  
Typed or Printed Name

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