

P99000090951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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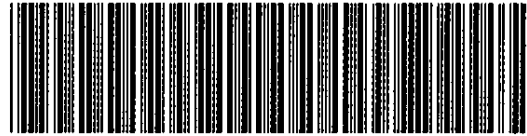
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** MLS Groves, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** P99000090951

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:

Mary L. Swaine  
Name of Contact Person

MLS Groves, Inc.  
Firm/Company

1243 Edgewater Point Dr.  
Address

Sebring, FL 33871-0821  
City/State and Zip Code

jswaine1731@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary L. Swaine at ( 863 ) 381-2202  
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: MLS Groves, Inc.
2. The principal office address: 1243 Edgewater Point Dr  
Sebring, FL 33870
3. The mailing address (if different): P O Box 821, Sebring, FL 33871-0821

4. Date of incorporation/qualification: Oct. 15, 1999 Document number: P99000090951

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)

Mary L. Swaine

1731 Bignonia Dr

Sebring, FL 33870

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

Mary L. Swaine

1243 Edgewater Point Dr

P.O. Box NOT acceptable

Sebring, FL 33870

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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.

Mary L Swaine  
Signature of an officer or director

Mary L. Swaine, 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.*

Mary L Swaine  
Signature of Registered Agent

Jan. 9, 2011  
Date

If signing on behalf of an entity:

Mary L Swaine

Typed or Printed Name

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