

P990001004765

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

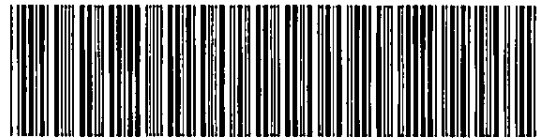
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RA/RO/chg

NOV - 6 2017
ALBRITTON

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 525 Building INC
Name of Corporation

DOCUMENT NUMBER: P99000104765

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:

Michael McBride

Name of Contact Person

525 Building INC

Firm/Company

2151 N State Road 7

Address

Margate FL 33063

City/State and Zip Code

Minto179@yahoo.com

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

For further information concerning this matter, please call:

Michael McBride

Name of Contact Person

at (954) 9318615
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 Fla in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: 525 Building INC

2. The principal office address: 2151 N State Road 7 Margate FL 33063

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 12/03/1999 Document number: P990001004765

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)

Walter McBride

19 via Lucinda Drive N

Stuart FL 34996

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

Michael McBride

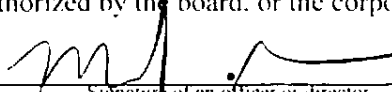
2151 N State Road 7

P.O. Box NOT acceptable

Margate FL 33063

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

Michael McBride 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 of Registered Agent

October 31, 2017

Date

If signing on behalf of an entity:

Michael McBride

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)

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