

F09000004540

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 6/12/2019
 2019-06-12 10:41:19 CST
 12122623573 From: Kimberly Laughrey
 Division of Corporations

Florida Department of State
 Division of Corporations
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To:
 Division of Corporations
 Fax Number : (850)617-6380

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 Account Name : C T CORPORATION SYSTEM
 Account Number : FCA000000023
 Phone : (614)280-3338
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SECRETARY OF STATE

REGISTERED AGENT CHANGE
MCBEE ASSOCIATES INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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JUN 13 2019
 I ALBRITTON

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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida:

- 1. The name of the corporation: MCBEE ASSOCIATES INC.
2. The principal office address: 997 OLD EAGLE SCHOOL RD. WAYNE, PA 19087
3. The mailing address (if different):
4. Date of incorporation/qualification: 11/18/2009 Document number: F09000004540
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)

CORPORATION SERVICE COMPANY
1201 HAYS STREET TALLAHASSEE, FL 32301-2525

- 6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):
C.T Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
P.O. Box - NOT acceptable
Plantation, Florida 33324

2019 JUN 12 AM 11:35

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.

Kevin Kaufman
Signature of an officer or director

Kevin Kaufman, CFO
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.

C T Corporation System
By: Patricia Belanger, Asst Secretary 06/11/2019
Signature of Registered Agent 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

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