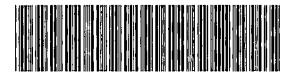
P05448

(Requestor's Name)				
(Address)				
(/188/000)				
(Address)				
(City/State/Zip/Phone #)				
(31,7,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,				
PICK-UP WAIT MAIL				
(Business Entity Name)				
· · · · · ·				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



700367425037

U6/U8/21--U1034--U17 **35.00

2021 JUN -8 AM 2: 4.1 SECRETARY OF STATE

4/18/2



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: June 3, 2021

Order#: 843671-005

Re: MULTI FITTINGS CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

XX ___ Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Carissa Koetitz c/o Corporation Service Company 251 Little Falls Drive

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of char	age is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of .	DE
1. The name of t	ne corporation: MULTI FITTINGS	CORPORATION	
	office address: 4507 LESAINT CT		
3. The mailing a	ddress (if different): 3 PLACE DU	COMMERCE SUITE 101 VERDUN, QU	JEBEC H3E 1H7 CA
		Document number: P0544	
	street address of the current regist ment of State: (If resigned, enter r	ered agent and registered office on file wesigned)	~3
	C T CORPORATION SYSTEM		1021 JUN -8 SECRETAR TALLAH!
	1200 SOUTH PINE ISLAND RO	RETA LLAF	
	PLANTATION	FL 33324	∴ ~
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office		
	Corporation Service Company		
	1201 Hays Street		
	Tallahassee	P.O Box NOT acceptable See FL 32301	
as changed will	ss of its registered office and the be identical.	street address of the business office of i dopted by its board of directors or by ar een notified in writing of the change.	
		Nicole Chouinard	Secretary
Mode Chownard		Printed or typed name and	•
I further agree to of my duties, and document is bein corporation has Corporation By:	o comply with the provisions of a d Lam familiar with and accept th	ent and agree to act in this capacity. Il statutes relative to the proper and col he obligation of my position as register e in the registered office address, I here hange. 06/03/2021 Date	nplete performance ed agent. Or, if this by confirm that the
If signing on be	half of an entity:		
	Asst. Vice President		

* * * 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 (04/13)