

# FO10000001489

Florida Department of State  
Division of Corporations  
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Account Name : C T CORPORATION SYSTEM  
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DIVISION OF CORPORATIONS

**REGISTERED AGENT CHANGE**

**MARK, GARY, RUSTY, INC.**

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TALLAHASSEE, FLORIDA

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**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,  
the undersigned corporation organized under the laws of the State of MINNESOTA  
submits the following statement in order to change its registered office or registered agent, or both, in  
the State of Florida.

1. The name of the corporation : M.G.R., INC.
2. The mailing address of the corporation : 1230 TRAPP ROAD, EAGAN MINNESOTA 55121
3. Date of incorporation/qualification: 3-19-2001 Document number: F01000001489
4. The name and address of the current registered agent and office:

LEONARDO RAMOS

8401 NW 90TH STREET

MEDLEY, FLORIDA 33166

5. The name and address of the new registered agent (if changed) and/or registered office (if changed)  
(P. O. Box Not Acceptable)

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road,

Plantation, Florida 33324

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.

(Signature of an officer, chairman or vice chairman of the board)

Oct 30, 2023  
(Date)

STEPHEN M. COHEN, SECRETARY

(Printed or typed name and title)

Having been named as registered agent and to accept service of process for the above stated corporation, 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.

C T Corporation System

By: VickiAnn Owens

Special Assistant Secretary

(Signature of Registered Agent)

12/30/03  
(Date)

If signing on behalf of an entity:

(Typed or Printed Name)

(Capacity)

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DIVISION OF CORPORATIONS

P.O. Box 6327

TALLAHASSEE, FL 32314

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