P13000 035 561

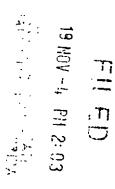
(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800336467898

11/4/4/19--03825--007 **35.00



T SCHROEDER

COVER LETTER

TO: Amendment Section Division of Corporations SUBJECT: MC FINANCIAL, INC.

Name of Corporation P13000035567 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: Kerra Childress Name of Contact Person Paracorp Incorporated Firm/Company 2804 Gateway Oaks Dr #100 Sacramento, CA 95833 City/State and Zip Code kchildress@myparacorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (800)533-7272 Area Code & Daytime Telephone Number Kerra Childress Name of Contact Person 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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of egistered agent, or both, in the State of	r Florida	_
1. The name of	the corporation: MC FINANCIA	AL, INC.		
2. The principal	office address: 7315 Wiscons DA, MD 20814	in Avenue, Suite 400 West,	Office 414	
	ddress (if different):			
4 Date of incor	00ration/qualification: 04/18/20	13 Document number: P130	00035567	
5. The name and		red agent and registered office on file w		
·	GUERAMI, SIMONE			
	250 174TH STREET 2304 \$\(\infty\).			
	SUNNY ISLES, FL 3316	0	19 K OV -	
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered of	ince.,; #5	;
	Paracorp Incorporated		PH 2: 03	j
	155 Office Plaza Drive, 1		03 15A	
	Tallahassee, FL 32301	NOT acceptable		
The street addre	ss of its registered office and the st	reet address of the business office of it	ts registered ago	ent,
		pted by its board of directors or by an notified in writing of the change.		
_L:X	<u></u>	Amir Guerami, President		_
	e of an officer or director he appointment as registered agen o comply with the provisions of all ny duties, and I am familiar with as s document is being filed merely to hat the corporation has been notifi	t and agree to act in this capacity, statutes relative to the proper and connected the obligation of my position reflect a change in the registered officed in writing of this change.		
(QA)		10/7.2 /19		_
	iture of Registered Agent	Date		
If signing on beh	alf of an entity:			
Jody Moua Tyi	ned or Printed Name			

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