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## REGISTERED AGENT CHANGE MAIN STREET ACQUISITION CORP.

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CR2E045 (03/12)

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

		7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Nevada	_
in ord	ler to change its registered office or r	egistered agent, or both, in the State of Florida.	
1. The name of	f the corporation: MAIN STREET ACC	QUISTITION CORP.	
2. The principa	al office address: 2877 Paradise Road,	7303, Las Vegas, NV 89109	
3. The mailing	address (if different):		_
4. Date of inco	rporation/qualification: 05/13/2011	Document number: F11000002055	
	nd street address of the current registe artment of State: (If resigned, enter re	ered agent and registered office on file with the signed)	
	REGISTERED AGENTS LEGAL SI	RVICES, LLC	
	155 OFFICE PLAZA DRIVE, SUITT	lA .	
	TALLAHASSEE, FL 32301		7
6. The name an (if changed):		agent (if changed) and /or registered office	
	C T Corporation System		
	c/o C T Corporation System, 1200 So	uth Pine Island Road	
	P.O. Box Plantation, Florida 33324	NOT acceptable	
The street addr	ess of its registered office and the st I be identical.	reet address of the business office of its registered ager	ıt,
Such change wanthorized by the	as authorized by resolution duly add he board, or the corporation has bee	pted by its board of directors or by an officer so in notified in writing of the change.	
Midal	Lugele	Michael Scoretary, Secretary	
	t the appointment as registered agen to comply with the provisions of all I my dules, and I om familiar with a his document is being filed merely to that the corporation has been notifi	Finded or typed name and tale  I and agree to act in this capacity, statutes relative to the proper and complete and accept the obligation of my position as registered reflect a change in the registered office address, I sed in writing of this change.	
By:	Auration System	March 16, 2015	
Ternall Kear	mine of Registered Agem rngg, Asst. Secretary shalf of an entity:	Date	
C T Corporation	. System		
	yped or Printed Name		
	* * * FILING	FEE: \$35.00 * * *	
M	Make checks payable to ail to: Division of Corporations	Florida Department of State B, P.O. Box 6327, Tallahassee, FL 32314	