

F1200000 4030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

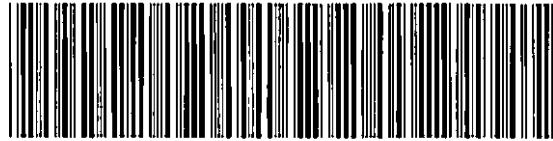
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200323967132

FILED
2019 FEB -4 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FL

RECEIVED
19 FEB -4 PM 1:44
CLERK OF SUPERIOR COURT
TALLAHASSEE, FL

R. WHITE
FEB 05 2019

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 612142 7503837

AUTHORIZATION :

Lyndee Coleman

COST LIMIT : \$ 35.00

ORDER DATE : February 4, 2019

ORDER TIME : 11:12 AM

ORDER NO. : 612142-005

CUSTOMER NO: 7503837

CHANGE OF AGENT

NAME: M&R SALES AND SERVICE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Emily Croft

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: M&R SALES AND SERVICE, INC.

Name of Corporation

DOCUMENT NUMBER: F12000004030

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:

Steven Gindi

Name of Contact Person

Corinthian Capital Group, LLC

Firm/Company

366 Madison Avenue, 9th Floor

Address

New York, NY 10017

City/State and Zip Code

sgindi@corinthiancap.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Gindi

212 920-2308

Name of Contact Person

at ()

Area Code & Daytime Telephone Number

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**

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: M&R SALES AND SERVICE, INC.
2. The principal office address: 440 MEDINAH RD.
ROSELLE, IL 60172
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 10/01/2012 Document number: F12000004030
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)

BARDENHEUER, ANDREA

9107 NW 105 CIRCLE

MIAMI, FL 33178

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporation Service Company

1201 Hays Street

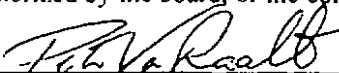
P.O. Box NOT acceptable

Tallahassee

FL 32301

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.



Signature of an officer or director

Peter Van Raalte Director

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.

Corporation Service Company

By: 

Signature of Registered Agent

February 4, 2019

Date

If signing on behalf of an entity:

Emily Croft

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 (03/12)

FILED
2019 FEB - 4 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FL