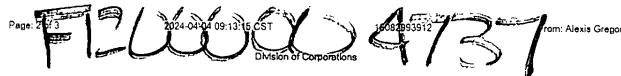
4/4/24, 10:09 AM



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	Doing so will generate another cover sheet.	2024
To:		3
	Division of Corporations	رمر ۱ شات
	Fax Number : (850)617-6380	<u> </u>
From:		7
	Account Name : BUSINESS FILINGS	
	Account Number : 105256001620	
	Phone : (608)827-5300	7
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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

jsl@mdcga.com

Email Address:

REGISTERED AGENT CHANGE MARKET DEVELOPMENT CORPORATION

JPETTO

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2024 APR -4 AMIO: 51

Electronic Filing Menu

Corporate Filing Menu

Help

To:

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

16082993912

statement of change is sub	misted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this arreganized under the laws of the State of Georgia	
in order to chang	<u>-</u>	r registered agent, or both, in the State of Florida.	
1. The name of the corporation: MARKET DEVEL		OPMENT CORPORATION	
2. The principal office add	arkway N.W. Building Two, Suite 200, Atlanta, Georgia		
3. The mailing address (if	different):		
4. Date of incorporation/qu	ielification: 11/20/2012	Document number: F12000004737	
5. The name and street add Florida Department of S		stered agent and registered office on file with the resigned)	
CT COR	PORATION SYSTEM		
1200 S T	PINE ISLAND RD		
PLANTA	ATION, FL 33324		
(if changed):	ress of the new registe: Filings Incorporated	ed agein (if changed) and for registered office	
1200 So	uth Pine Island Road		
Plantatio	n, Florida 33324	P.O. Box NOF acceptable	
The street address of its re as changed will be identic	gistered office and the	street address of the business office of its registered agent.	
Such change was authorized by the board, o	ed by resolution duly a r the corporation has b	idopted by its board of directors or by an officer so een notified in writing of the change.	
		Joel S. Langsfeld, President	
Signaline of an office		Printed or typed name and atte	
	niment as registered as with the provisions of a niliar with and accept t grely to reflect a chang fied in writing of this c	tent and agree to act in this capacity, ill statutes relative to the proper and complete performance its abligation of my position as registered agent. Or, if this is in the registered agent that the lange.	
March-		1st day of April, 2024	
Signature of Regi	Steied Agent	Ditte	
If signing on behalf of an	entity:		
Chris Das, AVP			
Typed or Printe	d Name	•	
	* * * FILE	NG 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)