

F13000000872

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

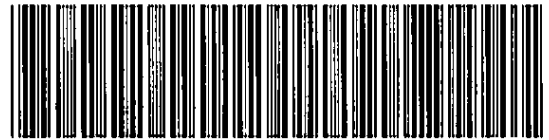
(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2020 JUL 10 PM 3

June 16, 2020

DAVID J. MCCARRON  
MCCARRON ACCOUNTING & CONSULTING CPA  
628 ELLEN DR.  
WINTER PARK, FL 32789

SUBJECT: MAXXTON US CORP  
Ref. Number: F13000000872

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 520A00011821

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Maxxton US Corp  
Name of Corporation

**DOCUMENT NUMBER:** F13000000872

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:

David J. McCarron

Name of Contact Person

McCarron Accounting & Consulting

Firm/Company

628 Ellen Dr.

Address

Winter Park, FL 32789

City/State and Zip Code

laura.collins@mccarroncpa.com

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

For further information concerning this matter, please call:

David J. McCarron

Name of Contact Person

at (407) 397.7050

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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: Maxxton US Corp
2. The principal office address: 628 Ellen Dr., Winter Park, FL 32789
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 2/25/2013 Document number: F13000000872
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)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

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

McCarron Accounting and Consulting

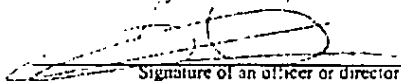
628 Ellen Dr.

P.O. Box NOT acceptable

Winter Park, FL 32789

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

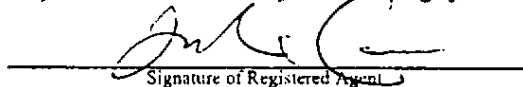
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director



J.P. MAMPAEY CEO  
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.

  
Signature of Registered Agent

7/8/2020  
Date

If signing on behalf of an entity:

David J McCarron

Typed or Printed Name

\*\*\* 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 (04/13)