F14 000 004 078

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Filone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
_				
Special Instructions to Filing Officer:				





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24 DEC 26 MI 4: 31

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 815897 7607005

AUTHORIZATION :

COST LIMIT : \$ 35.00

ORDER DATE: December 6, 2024

ORDER TIME : 12:27 PM

ORDER NO. : 815897-029

CUSTOMER NO: 7607005

CHANGE OF AGENT

NAME: MCCAIN CALATIN INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation orga r to change its registered office or regist	nized under the laws of the State of <u>D</u>	E
1. The name of t	he corporation: MCCAIN CALATIN INC	·	
	office address:		<u> </u>
	71st Coconut Creek, FL 33073	_ .	
3. The mailing a	ddress (if different): PO BOX 3626 LISI	_E, 1L 60532	
	poration/qualification: 09/29/2014		4078
	street address of the current registered a tment of State: (If resigned, enter resign		i the
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION, FL 33324		
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office		26 26
	1201 Hays Street		
		NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ss of its registered office and the street be identical.	address of the business office of its	registered agent.
Such change wa authorized by th	s authorized by resolution duly adopte to board, or the corporation has been no	d by its board of directors or by an obtified in writing of the change.	fficer so
/s/ Chad Hutchison		Chad Hutchison	Secretary
Signature of an officer or director Thereby accept the appointment as registered agent an		Printed or typed name and title	
I further agree to finy duties, an document is being corporation has	o comply with the provisions of all sta d I am familiar with and accept the ob- ng filed merely to reflect a change in the been notified in writing of this change in Service Company	tutes relative to the proper and comp ligation of my position as registered (he registered office address, I hereby)	lete performance agent. Or, if this confirm that the
By: Signature of Registered Agent		12/18/2024 Date	
If signing on be	half of an entity:		
	Asst. Vice President		
•	* * * FILING F.	EE: \$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)