## F16000000 711

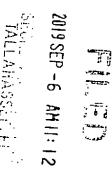
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
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Special Instructions to Filing Officer;

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09/08/19--01018--008 \*\*85.08



SEP 1 6 2019 C Kinsey

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

statement of cha	nge is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Statut poration organized under the laws of the State of <u>DE</u> office or registered agent, or both, in the State of Floria		-
1. The name of t	he corporation: MFXCHAN	NGE US, INC.		
		lwy 22 East Suite 201, Bridgewater, NJ 08807		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 02/	17/2016 Document number: F1600000071	11	
	street address of the curre	ent registered agent and registered office on file with the d. enter resigned)	e	
	INCORP SERVICES, INC	C	υ. <b>2</b>	
	17888 67TH COURT NO	- •	2019 SEP	dan many
		FL 33470	9-6	4 JA 44 JA 741FA
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered offices:			inanan inanan inanan
	Corporation Service Com	npany	2	
	1201 Hays Street			
		P.O. Box, NOT acceptable		
	Tallahassee	FL 32301		
The street addre	ess of its registered office be identical.	and the street address of the business office of its regi	istered age	ent,
Such change was authorized by the		n duly adopted by its board of directors or by an office in has been notified in writing of the change.	er so	
$\searrow$	ie & agnie	Jill Cilmi, Vice President		
Sigratu	of an officer or director	Printed or typed name and title		_
I further agree t performance of agent. Or, if thi hereby confirm	to comply with the provisi my duties, and I am famil is document is being filed	ered agent and agree to act in this capacity, ons of all statutes relative to the proper and complete iar with and accept the obligation of my position as r merely to reflect a change in the registered office ado been notified in writing of this change.	egistered -	
By:	Orona de Kololy nature of Registered Agent	08/14/2019		
Sign	nature of Registered Agent	Date		-
If signing on bel	half of an entity:			
Grace E. Kirby,	Asst. Vice President			
T	oped or Printed Name	<del></del>		

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: September 4, 2019

Order#: 877035-002

Re: MFXCHANGE US, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA