

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
MICHAEL REILLY DESIGN, INCORPORATED**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

2020 APR 30 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

1. The name of the corporation is: Michael Reilly Design, Incorporated
2. The principal office address: 901 Burman Boulevard, Bldg. 701, Calverton, NY 11933-3027
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 9/6/2016 Document Number: F16000003938
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301-2525
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporate Creations Network Inc.
801 US Highway 1
(P.O. Box Not acceptable)
North Palm Beach FL 33408

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)

Anthony Dispenza, Attorney-in-Fact
(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)

04/30/2020
(Date)

If signing on behalf of an entity:

Anthony Dispenza, Special Secretary
(Typed or Printed Name)

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
 MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

Corporate Creations International
 801 US Highway 1
 North Palm Beach FL 33408
 (561) 694-8107