

F17000002733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

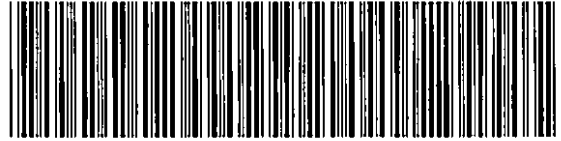
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TALLAHASSEE, FLORIDA

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2024 OCT 28 PM 3:18
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: 9288-6431 QUEBEC INC.MIIRM US, INC.
Name of Corporation

DOCUMENT NUMBER: F17000002733

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:

Vincent Allard

Name of Contact Person

Corpomax Inc.

Firm/Company

2915 Ogletown Road

Address

Newark, DE 19713

City/State and Zip Code

info@corpomax.com

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

For further information concerning this matter, please call:

Linda Stauffer

Name of Contact Person

at (713)

332-3754

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 Canada
_____ in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: 9288-6431 QUEBEC INC.
2. The principal office address: 501 Haverly Court, Suite J, Rockledge, FL 32955-3612
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 06/15/2017 Document number: F17000002733
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)

PARACORP INCORPORATED

155 OFFICE PLAZA DRIVE, 1ST FLOOR

TALLAHASSEE, FL 32301

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

NRAI Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

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.

/s/ François BOULET

Signature of an officer or director

François BOULET, Chief Financial Officer

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.*

NRAI Services, Inc.

By: /s/ Linda Stauffer
Signature of Registered Agent

10/28/2024
Date

If signing on behalf of an entity:

Linda Stauffer, Assistant Secretary

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)

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