Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000425541 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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 MECHANICAL PLASTICS CORP.

Certificate of Status	0
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Estimated Charge	\$35.00

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COVER LETTER

TO:

Amendment Section

Division of Corporations		
MECHANICAL PLASTICS CORP.		
Name of Corporation DOCUMENT NUMBER: F1800000741		
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filin	g.	
Please return all correspondence concerning this matter to the following:		
Vanessa Castillo		
Name of Contact Person	21	
Registered Agent Solutions, Inc.	2022 DEC	
Firm/Company	품	
Corporate Center One, 5301 Southwest Pkwy, Ste 400		
Address	9	
Austin, Texas 78735	至	. :
City/State and Zip Code	- œ	: منا
E-mail address: (to be used for future annual report notification)	: 29	
For further information concerning this matter, please call:		
Vanessa Castillo Name of Contact Person at (888) 705-7274 Area Code & Daytime Telephore		_
Name of Contact Person Area Code & Daytime Telephore	ne 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

CR2E045 (04/L3):

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

	provisions of sections 607,050 unge is submitted for a corpore					
	er to change its registered offic					
1. The name of	the corporation: MECHA	NICAL PLASTIC	S CORP.			
2. The principal	office address: 3060 N.	Atlantic Blvd				
Ft. Laud	derdale, FL 33308					
	address (if different):					
4. Date of incor	poration/qualification: 2/13	3/2018 Documen	t number: <u>F180</u>	00000741		
5. The name and	d street address of the current i rtment of State: (If resigned, e	registered agent and registe	red office on file wi			
	BLUMBERGEXCELSIOR CORPORATE SERVICES, I					
	155 Office Plaza Drive	1st l	FL	2022 DEC 19		
	Tallahassee,	FL	32301	19		
6. The name and street address of the new registered agent (if changed) and /or registered office						
(if changed):				: 29		
	Registered Age	nt Solutions, In	C.	<u>-</u>		
	155 Office Plaz	a Dr. Suite	A	_		
	Tallahassee	P.O Box NOT acceptable FL 323	01	_		
The street address changed will	ess of its registered office and be identical.	I the street address of the b	ousiness office of it	s registered agent,		
Such change wa authorized by the	as authorized by resolution di he board, or the corporation h	uly adopted by its board of has been notified in writing	directors or by an of the change.	officer so		
/s/ TED (GARFIELD	TED GAF	— — —	President		
	the appointment as registere to comply with the provisions td I am familiar with and acc ing filed merely to reflect a cl s been notified in writing of th		inted or typed name and to in this capacity, the proper and con issition as registered ice address, I herel			
Modern	widt	12/19/20				
	mature of Registered Agent	***************************************	Date			
If signing on be	chalf of an entity:					
Mackenzie Hart.	. Assistant Secretary					
1	'yped or Printed Name					
	***F	TLING 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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