## F18000005892

(Requestor's Name)				
(Address)				
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(City/Chata/Tip/Dhana #1)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:	$\neg$			
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A. RAMSEY
MAR 39 2024



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 379474 AUTHORIZATION : COST LIMIT : \$ 35.00 ORDER DATE: March 27, 2024 ORDER TIME : 3:51 PM ORDER NO. : 379474-003 CUSTOMER NO: 8444251 CHANGE OF AGENT NAME: MACCARB, 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 ch	ange is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Illinois gistered agent, or both, in the State of Florida.	
1. The name of	the corporation: MACCARB, INC.		
2. The principal	I office address: 275 Sola Drive, Gilbe	erts, IL 60136	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification: 12/26/2018	Document number: F18000005892	
	d street address of the current registere rument of State: (If resigned, enter resi	ed agent and registered office on file with the igned)	
	Cogency Global Inc		
	115 N. Calhoun Street, Suite 4	2024 9-9-18-1	-77
	Tallahassee	FL 32301	-
6. The name and (if changed):	, and the second	FL 32301  agent (if changed) and /or registered office	ירן בי ל
	Corporation Service Company		<b>5</b> 8
	1201 Hays Street		
		Box NOT acceptable	
	Tallahassee	FL 32301	
The street address changed will	ess of its registered office and the stre be identical.	eet address of the business office of its registered agent,	
Such change was	as authorized by resolution duly adop he board, or the corporation has been	oted by its board of directors or by an officer so notified in writing of the change.	
Vignatu	re of an officer or director	David McCarthy, Vice President, Secretary & Treasurer Printed or typed name and title	
of my duties, an locument is beil corporation has	the appointment as registered agent to comply with the provisions of all s id I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan n Service Company	and agree to act in this capacity. tatutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the ge.	
By: Cei	mley	03/27/2024	
Sign	nature of Registered Agent	Date	
f signing on be	half of an entity:		
Ami M. Casper,	Asst. Vice President		
Ty	yped or Printed Name		

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