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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.

| D1 | Address: | | | |
|----|----------|--|--|--|
| | | | | |

REGISTERED AGENT CHANGE MERCHANTS BANK OF INDIANA

| Certificate of Status | 0 |
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| Certified Copy | 0 |
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | nge is submitted for a corpora | 12, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of Indiana the or registered agent, or both, in the State of Florida. | | | | | |
|---|---|---|--|--|--|--|--|
| | | | | | | | |
| 1. The name of the corporation: Merchants Bank of Indiana 2. The principal office address: 410 MONON BOULEVARD, CARMEL, IN 46032 | | | | | | | |
| 3. The mailing a | iddress (if different): | | | | | | |
| 4. Date of incorporation/qualification: 01/23/2019 Document number: F19000000539 | | | | | | | |
| | I street address of the current in timent of State: (If resigned, et | | | | | | |
| | C T CORPORATION SYSTE | EM | | | | | |
| | 1200 SOUTH PINE ISLAND | ROAD ROAD STALL 16 PH STALL 16 PH STALL 16 PH Istered agent (if changed) and /or registered office | | | | | |
| | PLANTATION, FL 33324 | HASY | | | | | |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): | | | | | | | |
| | United Agent Group Inc. | istered agent (if changed) and /or registered office | | | | | |
| - | 801 US Highway 1 | | | | | | |
| | P.O. Box NOT acceptable | | | | | | |
| | North Palm Beach, FL 33408 | | | | | | |
| The street address changed will | ess of its registered office and be identical. | I the street address of the business office of its registered agent, | | | | | |
| Such change wa authorized by the | as authorized by resolution di he board, or the corporation h | ally adopted by its board of directors or by an officer so as been notified in writing of the change. | | | | | |
| JuisaS | P3s | Jenisa Irizarry, Special Secretary | | | | | |
| Signatu | ire of an officer or director | Printed or typed name and title | | | | | |
| I furthér agrée of my duties, an document is bei | to comply with the provisions ad I am familiar with and acc | d agent and agree to act in this capacity. s of all statutes relative to the proper and complete performance ept the obligation of my position as registered agent. Or, if this name in the registered office address, I hereby confirm that the his change. | | | | | |
| huisa Tr | Ź | 7/16/2020 | | | | | |
| Sig | mature of Registered Agent | Dare | | | | | |
| If signing on be | chalf of an entity: | | | | | | |
| Jenisa Irizarry, S | Special Secretary | | | | | | |
| 1 | yped or Printed Name | | | | | | |

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