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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 MEI MICRO, INC.

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COVER LETTER

15129570210

	Amendment Section Division of Corporations			
SUBJEC Name of	MEI Micro, Inc) .		
	IENT NUMBER: F19000	0009	14	
	osed Statement of Change of Register			are submitted for filing.
lease ret	turn all correspondence concerning th	is matter to t	he followin	ag:
	ry Castillo			
	Contact Person			
-	d Agent Solutions, Inc.			
Firm/Cor	· •			
Address	ectors Blvd. Suite 300			
	····· 79744			
	e and Zip Code			
July/State	e and Zip Code			
E-mail a	address: (to be used for future annu	al report no	tification)	
For furthe	er information concerning this matter.	, please call:		
Mar	ry Castillo	ลา	888	705-7274 de & Daytime Telephone Numb
	Name of Contact Person	u	Area Coo	de & Daytime Telephone Numb
Caalaas d		a Danaster	e of Cinio	
inciosed	I is a \$35.00 check made payable to th	e Departmen	t 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 (04/13)

15129570210

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

	provisions of sections 607,050 inge is submitted for a corporc						
in orde	er to change its registered offic	e or registered ag	zent, or bot	th, in the State of I	Florida.		
1. The name of	the corporation: MEI Mic	ro, Inc.				 	
2. The principal	office address: 9 E. LOC	OCKERMA	N STR	REET., SUI	TE 311	<u> </u>	
DOVER	R, DE 19901						
3. The mailing a	address (if different):				<u>-</u>		
4. Date of incor	poration/qualification: 2/13	/2019	Document	_{number:} F190	000009	<u>914</u>	_
	d street address of the current rathert of State: (If resigned, co		nd registere	ed office on file w	ith the		
	ROSS, LOUIS				_ :/:	2	
	7010 LAKE NONA BOL	JLEVARD.,	#143		7V. 803	021 /	Œ
	ORLANDO,		FL	32827	HVT.	2021 AUG 23	427
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Registered Agent Solutions, Inc.						II»	1 apr 1
	155 Office Plaz		Suite A		(T)	7	
	Tallahassee	P.O. Box NOT a	3230)1			
The street address changed will	ess of its registered office and be identical.	the street addres	ss of the bu	siness office of i	ts registere	d agent,	,
Such change was authorized by the	as authorized by resolution di he board, or the corporation h	uly adopted by its as been notified	s board of o	directors or by an of the change.	officer so		
151 Louis Re		L <u>ou</u>	is Ros		CEO		
I hereby accept I further agree of my duties, an document is bei	we of an officer or director the appointment as registere to comply with the provisions ad I am familiar with and acc ing filed merely to reflect a cl s been notified in writing of th	s of all statutes re ept the obligation lange in the regi:	e to act in	ted or typed name and t this capacity, he proper and con sition as registere he address, I here		ormance or, if this that the	e 8
Hod	partitle of Registered Agent	80	3/23/20	21			
Sig	nature of Registered Agent			Date			
If signing on be	chalf of an entity:						
Mackenzie Hart,	Assistant Secretary						
Т	yped or Printed Name	HANC EEF. 62	5 AA + + +				

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