Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Addount Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

**Enter the email address for this business entity to be used for future $\stackrel{\star}{ ext{-}}$ annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE MIDDLEGATE SECURITIES INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

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Corporate Filing Menu



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

statement of che	ange is submitted for a corporation or	0502, 607.1508, or 617.1508, Fiornia Statutes, thi ganized under the laws of the State of New York gistered agent, or both, in the State of Florida.	···
	the corporation: MIDDLEGATE SECU	•	
		C. NY 10018	
3. The mailing a	address (if different);		·-··-
4. Date of incor	poration/qualification: 06/23/2021	Document number: F21000003657	
	d street address of the current registere rtment of State: (If resigned, enter resi	d agent and registered office on file with the gned)	
	SPINDEL, HOWARD		
	7000 W PALMETTO PARK ROAD S	-	202
	BOCA RATON, FL 33433		2022 DEC
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		20	
	C T Corporation System		M 8
	1200 South Pine Island Road		8: 3C
	Plantation, Florida 33324	Box NOI acceptable	
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 wa authorized by th	as authorized by resolution duly adorate board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.	
Steen Signatur	The of an and of a general or	STEVEN COTOCOLOR PRE	BUCEN
I jurther agree to of my duties, an document is hei	a Lam familiar with and accept the c ng filed merely to reflect a change in byen notified in writing of this chan	tatutes relative to the proper and complete perfu phligation of my position as registered agent. On the registered office address, I hereby confirm t	rmance - if this hat the
ML	Eric Jensen, Assistant Secretary	12/14/2022	
	त्र्याप्तरं तिनिस्द्धाःसच्छ Agent	Date	
If signing on be	half of an entity:		
C T Corporat	·		
Ţ	gred of Printed Name	PPT: 025 NA 6 + 4	

* * * 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)

By: