F21000005950

(Re	questor's Name)		
(Ad	dress)		
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(Čit	y/State/Zip/Phone #)		
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(Bu	siness Entity Name)		
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DECLINED



Y SULKER MAY 2.9 2021 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195						
REFERENCE : 259060 8362277						
AUTHORIZATION: GREBOLENO						
COST LIMIT : \$ 35.00						
ORDER DATE: November 19, 2021						
ORDER TIME : 9:25 AM						
ORDER NO. : 259060-023						
CUSTOMER NO: 8362277						
CHANGE OF AGENT						
NAME: MTAC INC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weiland						

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corpor	02, 617.0502, 607.1508, or 617.1508, Florida Statute ration organized under the laws of the State of MARY	YLAND		
		ice or registered agent, or both, in the State of Florida	i.		
1. The name of t	he corporation: MTAC INC				
2. The principal HAGERSTOWN	office address: 1029 MARYI N, MD 21740	LAND AVE			
3. The mailing a	ddress (if different):				
4. Date of incorp	ooration/qualification: 10/18/	/2021 Document number: F2100000595	0		
	street address of the current tment of State: (If resigned, e	registered agent and registered office on file with the enter resigned)			
	COGENCY GLOBAL INC.				
	115 NORTH CALHOUN STREET SUITE 4				
	TALLAHASSEE	FL 32301			
6. The name and (if changed):	street address of the new reg	gistered agent (if changed) and /or registered office			
	Corporation Service Comp	any			
	1201 Hays Street				
		P.O. Box NOT acceptable			
	Tallahassee	FL 32301	20		
_		d the street address of the business office of its regis	Stored agent,		
Such change wa authorized by th	s authorized by resolution de board, or the corporation l	luly adopted by its board of directors or by an office has been notified in writing of the change.	rtso		
Xie &	? almi	Jill Cilmi, Vice President	<u> </u>		
I hereby accept I further agree to of my duties, and document is bein corporation has	e of an officer or director the appointment as registers o comply with the provision d I am familiar with and acc ng filed merely to reflect a c been notified in writing of t n Service Company	Printed or typed name and title or ed agent and agree to act in this capacity. If a so all statutes relative to the proper and complete cept the obligation of my position as registered agentiange in the registered office address, I hereby conthis change.	espersormance persormance at. Or, if this firm that the		
By: I Irac	· Cokubi	11/24/2021			
Sign If signing on bel	nature of Registered Agent \ nalf of an entity:	Date			
Grace E. Kirby.	Asst Vice President				
	ped or Printed Name				

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