

F23 000001884

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (813)436-5206

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FL

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Email Address: _____

**COR AMND/RESTATE/CORRECT OR O/D RESIGN
MANAGEMENT INFORMATION SERVICES INC.**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$35.00

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Corporate Filing Menu

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2023 SEP -5 PM 2:45

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO APPLICATION FOR
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F23000001884

(Document number of corporation (if known))

1. MANAGEMENT INFORMATION SERVICES INC.

(Name of corporation as it appears on the records of the Department of State)

2. Ohio

(Incorporated under laws of)

3. 03/31/2023

(Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? _____

5. _____
(Name of corporation after the amendment, adding suffix "corporation," "company," or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)

(If new name is unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)

7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

(New jurisdiction)

8. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

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SECRETARY OF STATE
TALLAHASSEE, FL

9. If the amendment changes person, title or capacity in accordance with 607.1504 (4), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>DP</u>	<u>HOFMANN, MICHAEL</u>	<u>3119 W Waverly Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, FL 33629</u>	<input type="checkbox"/> Remove
<u>DST</u>	<u>MAHARG, CHRISTINE</u>	<u>3119 W Waverly Ave</u>	<input checked="" type="checkbox"/> Add
		<u>Tampa, FL 33629</u>	<input type="checkbox"/> Remove
<u>DP</u>	<u>HOFMANN, MICHAEL</u>	<u>7901 4TH ST N STE 300</u>	<input type="checkbox"/> Add
		<u>ST. PETERSBURG, FL 33702</u>	<input checked="" type="checkbox"/> Remove
<u>DST</u>	<u>MAHARG, CHRISTINE</u>	<u>7901 4TH ST N STE 300</u>	<input type="checkbox"/> Add
		<u>ST. PETERSBURG, FL 33702</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

10. Attached is a certificate or document of similar import, evidencing the amendment, authenticated not more than 90 days prior to delivery of the application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the laws of which it is incorporated.

11. Enter new principal office address, if applicable - See attached

Michael Hoffman

(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

Michael Hoffman

(Typed or printed name of person signing)

DP

(Title of person signing)

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Enter new principal office address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

3119 W Waverly Ave _____

Tampa, FL 33629 _____

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