

F24 00001187

Florida Department of State
Division of Corporations
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From: Account Name : COMPUTERSHARE
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Phone : (561) 694-8107
Fax Number : (561) 214-8442

****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
TUXEDO PARK MTD, INC.**

Certificate of Status	0
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STATE
TALLAHASSEE, FL

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tuxedo Park MTDI, Inc.
2. The principal office address: 48 HARBOR PARK DR. PORT WASHINGTON, NY 11050
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/29/2024 Document number: F24000001187
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATE CREATIONS NETWORK, INC.

801 US HWY 1

NORTH PALM BEACH, FL 33408

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Palm Bay International, Inc.


777 S. Flagler Drive, Suite 1201A West Tower

P.O. Box NOT acceptable

West Palm Beach FL 33401

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

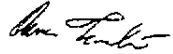
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


Signature of an officer or director

Ariana Turoski, Special Secretary

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


Signature of Registered Agent

BY: Ariana Turoski, Attorney-in-fact

03/04/2024

Date

If signing on behalf of an entity:

Typed or Printed Name

*** 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)

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