## F9500000025

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(Business Entity Name)
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of 415/2023

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

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	ACCOUNT NO.	:	12000000195
	REFERENCE	:	551467
	AUTHORIZATION	:	Typhiele man
	COST LIMIT	:	\$ 35.00
ORDER DATE :	March 6, 2023		
ORDER TIME :	9:02 AM		
ORDER NO. :	551467-005		
CUSTOMER NO:	8354420		

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CHANGE OF AGENT

NAME: F&M MAFCO, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY

 XX
 PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

## 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 OH\_\_\_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

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1. The name of	the corporation: F & N	MAFCO, INC.							
	office address:								
9149 Dry Fork	Road Harrison, OH 4	45030		=					
3. The mailing :	ddress (if different):								
4. Date of incor	poration/qualification	03/03/1995	Document	number: <u>F9500</u>	0001025	, 			
	d street address of the rtment of State: (1f res			ed office on file	with the				
	,	20							
801 US HIGHWAY 1						2023 APR	·		
		ACH, FL 33408			-	R - 4			
6. The name and street address of the new registered agent (if changed) and /or registered o (if changed):				office	AM 8: 4				
	Corporation Service	e Company				L H			
	1201 Hays Street								
	P.O. Hox NOT acceptable								
	Tallahassee		FL	32301					
The street addrease changed will	ess of its registered of be identical.	ffice and the street	t address of the bi	usiness office of	its regist	ered ag	ent,		
Such change wa authorized by H	as authorized by reso	lution duly adopte pration has been no	d by its board of otified in writing	directors or by a of the change.	in officer	so			
	· · ·		Tasu Adamjee,	, CFO					
- 1	of an officer or director			ted or typed name and					
I hereby accupt I further agree of my duties, an document is bei corporation has Sorporation	the appointment as r to comply with the pr of I am familiar with ng filed merely to ref been notified in wright n Ser <b>vice Compa</b>	registered agent an rovisions of all sta and accept the ob flect a change in th ting of this change NV	nd agree to act in tutes relative to th ligation of my pos he registered offic ?.	this capacity, he proper and co sition as register se address, I her	omplete p red agent reby confi	erform Or if irm that	ance <sup>c</sup> this ' the		
BY: ) none	ran	$\dot{O}$	04/04/202	23					
<u>Sig</u>	nature of Registered Ageni	-d-		Date					
If signing on be	half of an entity:	Ň							
	Asst. Vice President								
'n	yped or Printed Name								
		* * * FILING F	EE: \$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)