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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Fax Number : (954)208-0845

**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 M.C. DEAN, INC.

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S. YOUNG

Electronic Filing Menu Corporate Filing Menu

Help

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

statement of cha	ange is submitted for a corporat	or registered agent, or both, in the State of Florida.	
I. The name of	the corporation: M. C. Dean, Inc.		
		Station Place, Tyson's, VA 22102	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: $\frac{4.7/1997}{1}$	Document number: F97000001768	
	rtment of State: (If resigned, ent	egistered agent and registered office on file with the crresigned)	
	Cogency Global Inc.		
	115 North Calhoun St. Suite 4		
	Tallahassee, FL 32301		
6. The name and (if changed):	d street address of the new regis	tered agent (if changed) and /or registered office	
	C T Corporation System		
	c/o C T Corporation System, 12t	10 South Pine Island Road	
	P.	O Box NOT acceptable	
	Plantation, Florida 33324	<u> </u>	
		he street address of the business office of its registered agent,	
Such change was authorized by the	as authorized by resolution duly he board, or the corporation has	y adopted by its board of directors or by an officer so s been notified in writing of the change.	
Matas	in Picking	Natalic Pickens; Vice President	
Signati	are of an officer or duector	l'innted or typed name and title	
I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of I my duties, and I am familiar w is document is being filed mere	agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as registered ely to reflect a change in the registered office address, I notified in writing of this change.	
	-	9/3/2019	
	mature of Registered Agent	Date	
It signing on bo	chalf of an entity:		
	ssistant Secretary	_	
Т	'yped or Printed Name	INC FFF- \$35.00 * * *	

* * * 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 (03/12)