Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000092247 3)))



H200000922473ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number: 120090000081 Phone: (307)200-2803 Fax Number: (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

| Email Address: | | | | | |
|----------------|--|--|--|--|--|
| | | | | | |

020 MAR 25 AM 10: 28

| REGISTERED | AGENT | CHANG | E |
|-------------------|--------|--------|-----|
| MANAGEMENT | INFORM | ATION, | INC |

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$35.00 |

MAR 2 6 2020

Electronic Filing Menu

Corporate Filing Menu

Help

https://ohlo.suphiz.org/scripts/ofileous.ovo

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

| statement of cha | ange is submitted for a corpora | 2, 617.0502, 607.1508, or 617.1508, Florida S tion organized under the laws of the State of \underline{P} z or registered agent, or both, in the State of F. | enda | | | |
|--|--|--|---------------------------------------|--|--|--|
| 1. The name of | the corporation: Managment In | formation, Inc. | | | | |
| | | L AVE SUITE 1950 MIAMI, FL 33131 | | | | |
| 3. The mailing a | address (if different): | | | | | |
| 4. Date of incor | poration/qualification: 02/01/1 | 983 Document number: G21297 | | | | |
| | d street address of the current re rtment of State: (If resigned, en | egistered agent and registered office on file witter resigned) | th the | | | |
| | Molenda, Mark | | | | | |
| | 2011 Flagler Avenue 29 | | 2028 N SECE FALL/ | | | |
| | Key West, FL 33040 | | 2020 MAR 25 SECRETARY ALLAHASSI | | | |
| 6. The name and (if changed): | d street address of the new regis | stered agent (if changed) and for registered off | | | | |
| | Registered Agents In | nc. |): 2 6 Ale Dalo | | | |
| | 7901 4th St N STE 300 | | | | | |
| | | O. Box NOT acceptable | | | | |
| | St. Petersburg FL 33 | 702 | | | | |
| The street addras changed will | ess of its registered office and l be identical. | the street address of the business office of its | registered agent. | | | |
| Such change w authorized by the | as authorized by resolution dul he board, or the corporation ha | ly adopted by its board of directors or by an oas been notified in writing of the change. | officer so | | | |
| Mark M | Tolenda | Mark Molenda, President | Mark Molenda, President | | | |
| I hereby accept I further agree performance of agent. Or, if th | ure of an officer or director t the appointment as registered to comply with the provisions f my duties, and I am familiar y its document is being filed mer | Printed or typed name and title I agent and agree to act in this capacity, of all statutes relative to the proper and comp with and accept the obligation of my position ely to reflect a change in the registered office notified in writing of this change. | olete as registered | | | |
| Bee Han | ~ | 03/24/2020 | | | | |
| Sig | mature of Registered Agent | Date | | | | |
| If signing on be | chalf of an entity: | | | | | |
| Bill Havre | | | | | | |
| 7 | yped or Printed Name | | | | | |

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