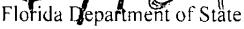
Page: 2 of 3,

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From: Kaity Toon



Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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: (850)617-6380

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

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

statement of cha	nge is submitted for a corporati	. 617.0502, 607.1508, or 617.1508, Florida Sto on organized under the laws of the State of Flo	urida
		or registered agent, or both, in the State of Flo FOR MCKAN BAN INC	rida -
). The name of t	he corporation: WHEELABRAT	C + 100 P	
2. The principal	office address: 90 Arboretum Dri	ive, Suite 300, Portsmouth, NH 03801	
3. The mailing a	ddress (if different):		
4. Date of incom	ooration/qualification: 07/01/198	Document number: G47104	
	street address of the current regiment of State: (If resigned, ento	gistered agent and registered office on file with er resigned)	the
	CORPORATION SERVICE CO	MPANY	
	1201 HAYS STREET		202 51
	TALLAHASSEF, FL 32301	ered agent (if changed) and ≓or registered offic	2024 FEB 26
6. The name and (if changed):	street address of the new regist	326 A	
	CT Corporation System		AM IO: 50
	1200 South Pine Island Rond	77/16 FL	
	Plantation, Florida 33324	P.O. Box NOT acceptable	,
	Prantation, Prorida 55524		
The street addre as changed will	ss of its registered office and the identical.	ne street address of the business office of its r	registered agent,
Such change wa authorized by th	s authorized by resolution duly e board, or the corporation has	adopted by its board of directors or by an of been notified in writing of the change.	ficer so
/s/ Kara	Korosec	Kara Korosec, Secretary	
Signatur	e of an officer or director	Printed or typed name and tills	
I further agree to of my duties, and document is bein corporation has	o comply with the provisions of d I am familiar with and accept ny filed merely to reflect a char been notified in writing of this	agent and agree to act in this capacity, fall statutes relative to the proper and compl t the obligation of my position as registered a age in the registered office address, I hereby change.	ioent ()r it this
CT Corporation	System System Hald	02/22/2024	
Sign	nature of Registered Agent	Date	
If signing on bel	nalf of an entity:		
Michele Holden,	Asst. Secretary		
Ту	ped or Primed Name		

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

Make checks payable to Feorida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

By: