H99811

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number)					
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)				
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)				
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Address)				
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Special Instructions to Filing Officer:	Certified Copies Certificates of Status				
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 DEC 16 PM 1: 13

RDM8/09

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJE	CT: M.C. Daugs Inc. Name of Corporation
DOCU	MENT NUMBER: H 9987/
The enc	losed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	ALAN F. Simcich
	Name of Contact Person
	M. C. DRugs INC.
	Firm/Company
	2076 Ascott Address
	Address
	North Palm Beach, Fl 33408
	City/State and Zip Code
	Asimcich @ AOL. Com
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	ALANF Simeich at (561) 282-8276
	Name of Contact Person Area Code & Daytime Telephone Number
Enclose	d is a \$35.00 check made payable to the Department of State.
	Mailing Address: Street Address: Amendment Section Amendment Section
	Division of Corporations Division of Corporations
	P.O. Box 6327 Clifton Building
	Tallahassee, FL 32314 2661 Executive Center Circle

Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0 statement of change is submitted for a corporation orgin in order to change its registered office or reg	
1. The name of the corporation: M. C. DA	ugs INC.
2. The principal office address: 228 US	HWY #1
LAKE PA.	AK, FIL 33403
3. The mailing address (if different): 5 Ame.	
4. Date of incorporation/qualification: 02/13/15	986 Document number: H 9987/
5. The name and street address of the current registere Florida Department of State: (If resigned, enter resigned)	gned)
ALAN F Sin	ncich
228 US HW	maich + */
LAKE PARK, FL	33403
6. The name and street address of the new registered a (if changed):	
ALAN F. Simcich	
2076 Ascott Rd	
2076 Ascott Rd P.O. Box North Palm Ben	NOT acceptable Ch. F-L 33408
	eet address of the business office of its registered agent,
Colon of Surecial president	Printed or typed name and title
I hereby accept the appointment as registered agent I further agree to comply with the provisions of all s of my duties, and I am familiar with and accept the document is being filed merely to reflect a change it corporation has been notified in writing of this char	t and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this n the registered office address, I hereby confirm that the nge.
alans 4 America	Dec 8, 2009
Signature of Registered Agent	Date
If signing on behalf of an entity:	
ALAN F Simeich	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314