K 46061

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: May Management Services, Inc. Name of Corporation	
DOCUMENT NUMBER: K46061	
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Jay B. Watson, Esq.	
Name of Contact Person	
Jay B. Watson, P.A.	
Firm/Company	
419 3rd Street North	
Address	
Jacksonville Beach, FL 32250	
City/State and Zip Code	
cmarks@maymgt.com	
E-mail address: (to be used for future annua	report notification)
annual to the state of the stat	report notification)
For further information concerning this matter,	please call:
Jay B. Watson	
Name of Contact Person	at (904) 372-9541 Area Code & Daytime Telephone Number
	The code at Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section

Amendment Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	inge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	
	44 .34		
1. The name of the corporation: May Management Services, Inc. 2. The principal office address: 5455 A1A South, St. Augustine, FL 32080			
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 11.17.1988	Document number: K46061	
5. The name and		ered agent and registered office on file with the	
	Catherine Marks		
	5455 Hwy A1A South	黄	
	St. Augustine, FL 32080		
6. The name and (if changed):	d street address of the new registere	d agent (if changed) and /or registered office	
	Jay B. Watson, Esq.		
	419 3rd Street North		
	Jacksonville Beach, FL 32250	P.O. Box NOT acceptable	
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered agent,	
		dopted by its board of directors or by an officer so een notified in writing of the change.	
		Catherine H. Marks	
•	the appointment as registered ago to comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a change s been notified in writing of this ch	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complete performance ne obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the nange.	
- $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$ $<$	vatu	February 10, 2022	
_	nature of Registered Agent	Date	
If signing on be	half of an entity:		
T	yped or Printed Name		
	* * * FILIN	G FEE: \$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)