

K94523

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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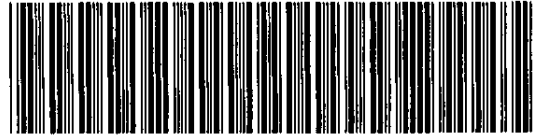
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C. MUSTAIN

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** McNeel International Corporation  
Name of Corporation

**DOCUMENT NUMBER:** K94523

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**David A. Burns**

Name of Contact Person

**McNeel International Corporation**

Firm/Company

**P. O. Box 23887**

Address

**Tampa, FL 33623**

City/State and Zip Code

**dmcfarland@micfl.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**David A. Burns**

Name of Contact Person

at ( **813** ) **286-8680**

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

