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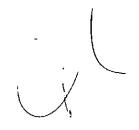
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COVER LETTER

Amendment Section

TO:

Division of Corporations SUBJECT: THE MAIN STREET PHILANTHROPY ACADEMY, INC. Name of Corporation DOCUMENT NUMBER: N12000010908 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: Michael Serrano Name of Contact Person ZenBusiness Inc. Firm/Company 336 East College Ave. Address Suite 301 City/State and Zip Code Tallahassee, Fl. 32301 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Michael Serrano 844) 493-6249 Area Code & Daytime Telephone Number Name of Contact Person

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	ange is submitted for a corporation	17,0502, 607,1508, or 617,1508, Florida Statutes, this a organized under the laws of the State of Florida registered agent, or both, in the State of Florida.	_
1. The name of	the corporation: THE MAIN STRE	ET PHILANTHROPY ACADEMY, INC.	
		lo Suite 192-515 Carlsbad, CA 92009	_
3. The mailing	address (if different): 3451 Via Mor	ntebello Suite 192-515 Carlsbad, CA 92009	<u> </u>
4. Date of incor	poration/qualification: 11/20/2012	Document number: N12000010908	
5. The name an		tered agent and registered office on file with the	
	Ponsford, Ryan		
	3214 BAYFLOWER AVENUE	702	
	HARMONY, FL 34773		7
6. The name an (if changed):	d street address of the new register	ed agent (if changed) and /or registered office	T
	ZenBusiness Inc.		<u></u>
336 E. College Ave. Suite 301			
	Tallahassee, FL 32301	P.O. Box NOT acceptable	
The street addr as changed wil	ess of its registered office and the l be identical.	street address of the business office of its registered ager	ıt.
Such change wauthorized by t	ras authorized by resolution duly a he board, or the corporation has b	dopted by its board of directors or by an officer so een notified in writing of the change.	
/s/ R	yan Ponsford	Ryan Ponsford	
	ure of an officer or director	Printed or typed name and title	_
I further agree of my duties, a document is be corporation ha	to comply with the provisions of a nd I am familiar with and accept t ing filed merely to reflect a chang is been notified in writing of this c	gent and agree to act in this capacity, all statutes relative to the proper and complete performan the obligation of my position as registered agent. Or, if the pe in the registered office address, I hereby confirm that to hange.	ice his he
(har o)	ende	04-29-2024	
Si	gnature of Registered Agent	Date	-
If signing on be	ehalf of an entity:		
Khadijeh Hemn	nati		
•	Typed or Printed Name	•	
	* * * FILI	NG 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)