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MANUFACTURING TECHNOLOGY DEPLOYMENT GROUP,

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COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Manufacturing Technology Deployment Group, Inc. Name of Corporation DOCUMENT NUMBER: N20000004353 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: Dean Bartles, Ph. D. Name of Contact Person Manufacturing Technology Deployment Group, Inc. Firm/Company 14141 46th Street N., Unit 1203 Address Clearwater, FL 33762 City/State and Zip Code dean.bartles@ncdinm.org E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: John R. Owen, Esq. Area Code & Daytime Telephone Number Name of Contact Person Enclosed is a \$35.00 check made payable to the Department of State. Street Address: Mailing Address: Amendment Section Amendment Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

		.0502, 607.1508, or 617.1508, Florida Statutes, this rganized under the laws of the State of Florida	
		gistered agent, or both, in the State of Florida.	
1. The name o	of the corporation: Manufacturing Techn	ology Deployment Group, Inc.	
		eet N., Unit 1203, Clearwater, FL 33762	
3. The mailing	address (if different): n/a		
	· · · · · · · · · · · · · · · · · · ·	Document number: N20000004353	
5. The name as		ed agent and registered office on file with the	
	Dean Bartles, Ph. D.		
	13555 Automobile Blvd., Suite 370		
	Clearwater, FL 33762		
	Dean Bartles, Ph. D. 14141 46th Street N., Unit 1203		
	P.O. E Clearwater, FL 33762	Box NOT acceptable	
The street address changed will	ess of its registered office and the stree be identical.	et address of the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopt ne board, or the corporation has been n	ed by its board of directors or by an officer so obtified in writing of the change.	
Nea	E of an officer or director	Dean Bartles, Ph.D President	
hereby accept further agree to f my duties, and locument is beli	· •	Printed or typed name and title Ind agree to act in this capacity. Itutes relative to the proper and complete performance ligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the	
برعاط	2 Rast	9/2/2020	
Sign	ature of Registered Agent	Date	
f signing an bel	aalf of an entity:		
Dean Bartles, Ph.			
Ту	ped or Printed Name		

* * * FILING 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)