Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : BUSH ROSS, P.A. Account Number : I19990000150 Phone : (813)224-9255 Fax Number : (813)223-9620

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:		
		 	_

REGISTERED AGENT CHANGE MACDONALD TRAINING CENTER HOLDING CORP

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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

statement of cha	nge is submitted for a corporation or	v302, 607.1308, 61 617.1308, Florida Statutes, to ganized under the laws of the State of Florida gistered agent, or both, in the State of Florida.	nis
1. The name of t	the corporation: MacDonald Training	Center Holding Corp.	
	office address: 5420 West Cypress Str		
3. The mailing a	ddress (if different): Same	Document number: N37790	
			
	d street address of the current register timent of State: (If resigned, enter res	ed agent and registered office on file with the igned)	
	Peter J. Kelly		J. 1815
	1801 N Highland Avenue		SEP
	Tampa, FL 33602		2025 SEP -3 F
6. The name and (if changed):	d street address of the new registered	agent (if changed) and /or registered office	自己的
	Bush Ross Registered Agent Services	LLC	
	1801 N Highland Avenue	.	·
•	P.C	D. Box NOT acceptable	
	Tampa, FL 33602		
The street address changed will	ess of its registered office and the sube identical.	reet address of the business office of its register	ed agent,
Such change wa authorized by th	as authorized by resolution duly add ne board, or the corporation has been	opted by its board of directors or by an officer so n notified in writing of the change.)
_ KIN	ene deu	Karenne Levy, President	
oj my auties, an document is bei	the appointment as registered agen to comply with the provisions of all an familiar with and accept the ing filed merely to reflect a change to seen notified in writing of this cha	Printed or typed name and title at and agree to act in this capacity, statutes relative to the proper and complete per obligation of my position as registered agent, in the registered office address, I hereby confirm nge.	formance Or if this n that the
	7	September 2, 2025	
Sig	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
PETER J. KELL	Y, ESQ., VP. OF REG. AGENT		
Ť	yped or Printed Name		

* * * FILING FEE: \$35.00 * * *