

PO3000062515

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

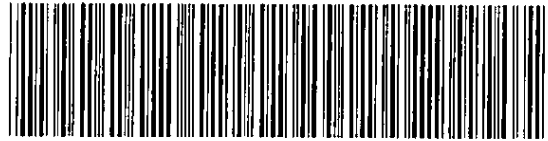
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
SEP 18 2024

Office Use Only



100434841941

FILED
2024 SEP 17 AM 11:23
FBI/DOJ

FILED
2024 SEP 17 PM 3:32
ALABAMA SEC. LEG.

CT CORP
(850) 656-4724
3458 lakesore Drive
Tallahassee, FL 32312

Date: 09/17/2024

Acc#I20160000072

en: c DW

Name:	MLUS, INC.
Document #:	
Order #:	15876457

Certified Copy of Arts & Amend:	☐		
Plain Copy:	☐		
Certificate of Good Standing:	☐		
Certified Copy of	☐		
Apostille/Notarial Certification:	☐	Country of Destination:	
		Number of Certs:	

Filing: ☒	Certified: ☐	Email Address for Annual Report Notifications:
Plain: ☒	COGS: ☐	

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ **35.00**

Thank you!

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MLUS, INC.
Name of Corporation

DOCUMENT NUMBER: P03000062565

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:

Vincent Allard

Name of Contact Person

Corpomax Inc.

Firm/Company

2915 Ogletown Road

Address

Newark, DE 19713

City/State and Zip Code

info@corpomax.com

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

For further information concerning this matter, please call:

Linda Stauffer

Name of Contact Person

at (713)

332-3754

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

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MLUS, INC.
2. The principal office address: 1740 ch. Kenilworth, Mount Royal, Quebec H3R 2S5 CAN

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/05/2003 Document number: P03000062565

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

SG REGISTERED AGENT LLC

200 EAST PALMETTO PARK ROAD #103

BOCA RATON, FL 33432

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

/s/ Martin F. Wenger

Signature of an officer or director

Martin F. WENGER, President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

NRAI Services, Inc.

By: /s/ Linda Stauffer

Signature of Registered Agent

09/17/2024

Date

If signing on behalf of an entity:

Linda Stauffer, Assistant Secretary

Typed 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)

FILED
2024 SEP 17 AM 11:24
FSL