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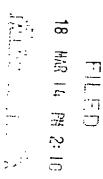
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: MCOUSA INTERNATIONAL, INC.

Name of Corporation

DOCUMENT NUMBER: PU4000

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:

JAMES O. MYERS

Name of Contact Person

MCOUSA INTERNATIONAL, INC.

Firm/Company

5000 18 US HWY 17 137

Address

FLEMING ISLAND, FL 32003

City/State and Zip Code

JIM@MCOUSACORPORATE.COM

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

For further information concerning this matter, please call:

JAMES O. MYERS

્904

337-5219

Name of Contact Person

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

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

statement of ch	ange is submitted for a corpo	502, 617,0502, 607,1508, or 617,1508, Florida , ration organized under the laws of the State of fice or registered agent, or both, in the State of I	FLORIDA	
1. The name of the corporation: MCOUSA INTERNATIONAL, INC. 2. The principal office address: 5000 18 US HWY 17 137, FLEMING ISLAND, FL 32003				
3. The mailing	address (if different):			
4. Date of inco	rporation/qualification: 01/2	28/2004 <u>Document number:</u> P0400	00019581	
	d street address of the curren artment of State: (If resigned,	t registered agent and registered office on file wenter resigned)	ith the	
	BETTY W. KELLY,	CPA, PA		
	843 N WOODLANE	D BLVD		
	DELAND, FL 32720	0-2759		
6. The name an (if changed):		gistered agent (if changed) and /or registered of		η
	JAMES O. MYERS		<i>∓</i> :	
	5000 18 US HWY	17 137	라 원 2 :	_1
	FLEMING ISLAND	P.O Box NOT acceptable F1 32003	<u> </u>	
Such change w	ress of its registered office at 1 be identical.	and the street address of the business office of it duly adopted by its board of directors or by an has been notified in writing of the change.		
Caul	ure of an officer or director	CAROLE A. MYERS		
Thereby accen	t the annointment as register	Printed or typed name and till red agent and agree to act in this capacity. It is of all statutes relative to the proper and control of my position of my position are to reflect a change in the registered officen notified in writing of this change.		
- Zon	gnature of Regi tered Agent	03/12/2018		
		Date		
	chalf of an entity:			
	A INTERNATIONAL, INC. Typed or Printed Name			

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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