100 140 501

(1	Requestor's Name)
(,	Address)
(,	Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1	Business Entity Name)
(1	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
	J. HORNE FEB ZO 2025

Office Use Only



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5.5

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

02/19/2025

NAME: MCONNECT, INC

TYPE OF FILING: CHANGE OF RA

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

: .

TO: Amendment Section Division of Corporations	
SUBJECT: MConnect, Inc. Name of Corporation	
DOCUMENT NUMBER: P04000140501	
The enclosed Statement of Change of Registere	ed Office/Agent and fee are submitted for filing.
Please return all correspondence concerning thi	s matter to the following:
Kathy Martinez	
Name of Contact Person	
Huck Bouma PC	
Firm/Company	
17555 S. Naperville Road, Ste 200	
Address	
Naperville, IL 60189	
City/State and Zip Code	
kmartinez@huckbouma.com	1
E-mail address: (to be used for future annua	al report notification)
For further information concerning this matter,	please call:
Kathy Martinez	at (630) 221-1755 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	e Department of State.
Mailing Address: Amendment Section	Street Address:
Amendment Section Division of Corporations	Amendment Section
P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
1 311 131 131 131 131 131 131 131 131 1	Tallahassee, FL 32303

CR2E045 (04/13)

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

. !

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508 ange is submitted for a corporation organized under er to change its registered office or registered agent,	the laws of the State of Florida	
	the corporation: MConnect, Inc.	•	
2. The principal	l office address: 130 Atlantic Drive, Maitland, FL 3275	51	
3. The mailing a	address (if different): same		-
	rporation/qualification: 11/19/1996 Docu	ment number:	_
	d street address of the current registered agent and re artment of State: (If resigned, enter resigned)	gistered office on file with the	
	Philip Medina		
	130 Atlantic Drive		
	Maitland, FL 32751		
6. The name and street address of the new registered agent (if changed): FLORIDA FILING & SEARCH SERVICES, E		ed) and /or registered office	1
	155 OFFICE PLAZA DRIVE		71 一
P.O. Box NOT acceptable		ble 200	
	TALLAHASSEE, FL 32301		
The street address changed will	cess of its registered office and the street address of l be identical.	the business office of its registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted by its boa he board, or the corporation has been notified in wr	rd of directors or by an officer so riting of the change.	
But 14		Dale, Authorized Representative	
•	ure of an officer or director	Printed or typed name and title	
I hereby accept I further agree to of my duties, an document is bei corporation has	t the appointment as registered agent and agree to a to comply with the provisions of all statutes relative and I am familiar with and accept the obligation of noting filed merely to reflect a change in the registered sheen notified in writing of this change.	act in this capacity, e to the proper and complete performance ny position as registered agent. Or, if this d office address, I hereby confirm that the	
Sig	grain of the Arabi	2/19/1018 Date	
Saul	chalf of an entity: Lodov Typed or Pfinted Name		

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