P05000 145044

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| | | |
| (Ad | dress) | |
| | | |
| (Ad | dress) | |
| | | |
| (Cit | y/State/Zip/Phone | e #) |
| (5 | ,, o (a (a) a) | , |
| PICK-UP | WAIT | MAIL |
| | | |
| (Bu | siness Entity Nar | ne) |
| | | |
| | cument Number) | |
| (50 | oumon number, | |
| | | |
| Certified Copies | _ Certificates | s of Status |
| | | |
| Special Instructions to | Filing Officer: | |
| 3 | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



100346846041

U6/23/20--01001--011 ••3

2020 juri 23 | MT 8: 30





CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Lindsey Baronie lindsey.baronie@cscglobal.com

Date: June 19, 2020

Order#: 328713/013

Re: MAIN STREET AMERICA GROUP, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX _ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Lindsey Baronie c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office

INCA.XCOA

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

| statement of c | hange is submitted for a corpor | 502, 617.0502, 607.1508, or 617.1508. Florida Statutes, th. ation organized under the laws of the State of Florida ce or registered agent, or both, in the State of Florida. |
|---|---|--|
| | of the corporation: MAIN STREE | |
| 1. The name of 2. The princip | al office address: 4601 Touchto | on Road, East, Suite 3400, Jacksonville, FL 32246 |
| The mailing | address (if different): | |
| 3. Date of inco | orporation/qualification: Octob | |
| 4. The name a | | registered agent and registered office on file with the |
| | Law, Kimberly K. | |
| | 4601 Touchton Road East, | Suite 3400 |
| | Jacksonville | FL 32246 |
| The name a 6. (if changed) | | sistered agent (if changed) and /or registered office |
| | Corporation Service Comp | any |
| | 1201 Hays Street | ာ ငဘဲ |
| | | P.O. Box NOT acceptable |
| | Tallahassee | FL 32301 |
| The street add | dress of its registered office an ill be identical. | d the street address of the business office of its registered ag |
| Such change authorized by | was authorized by resolution d | uly adopted by its board of directors or by an officer so has been notified in writing of the change. |
| | - | |
| demousy to | | Kimberly K. Law ASST. SECRI |
| Signi | ature of an officer or director | Printed or typed name and title Secretary |
| I further agre of my duties, document is b corporation h | e to comply with the provision | ed agent and agree to act in this capacity. s of all statutes relative to the proper and complete perform cept the obligation of my position as registered agent. Or, i change in the registered office address, I hereby confirm the |
| P | | 6/18/2020 |
| Lindsey M. | M 15 avonts. Signature of Registered Agent Baronie, Asst. Vice President behalf of an entity: | Date |
| | Typed or Printed Name | |

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