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TO:	Amendment Section Division of Corporations					
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		Name of Contact Pers	ôn .		•	
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BOTH FOR CORPORATIONS  Pursuant to the provisions of sections 807.0502, 817.0502, 807.1398, Florida Soutute; this externew of ychonge to submitted for a corporation openetic durate the lows of the State of Florida.  In order to change its registered office or registered agent, or both, in the State of Florida.  I. The name of the corporation, MAPLE SO XCORP.  2. The principal office andress: 8461 LAKE WORTH ROAD, SUITE 224 LAKE WORTH, FL 33467  3. The mailing address (if different):  4. Date of inecoporation/qualification: 11/06/2006  5. The name and steer address of the current registered agent and registered office on file with the Florida Department of State: (If regimed, enter registered agent and registered office on file with the Florida Department of State: (If regimed, enter registered agent and registered office on file with the Florida Department of State: (If regimed, enter registered agent (If changed) and /or registered office (If changed):  UNITED STATES CORPORATION AGENTS, INC.  Stors S. Semortan Blvd. Suite 36  UNITED STATES CORPORATION AGENTS, INC.  Stors S. Semortan Blvd. Suite 36  UNITED STATES CORPORATION AGENTS, INC.  Stors S. Semortan Blvd. Suite 36  Dotated of its registered agent, (If changed) and /or registered agent, Stors S. Semortan Blvd. Suite 36  UNITED STATES CORPORATION AGENTS, INC.  Stors S. Semortan Blvd. Suite 36  Driando, FL 32822  The there address of the new registered agent and registered agent, Christian Messana, President  Christian Messana, President  Method, FL 32822  The there address of the new registered agent (If changed) and /or registered agent, Stors S. Semortan Blvd. Suite 36  Driando, FL 32822  The there address of the new registered agent and registered agent, Stors S. Semortan Blvd. Suite 36  Method, FL 32822  The there address of the new registered agent and registered agent, Store Store Method, Suite 36  Method, S			· ·	-	
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UNITED STATES CORPORATION AGENTS, INC.       5575 S. Semoran Blvd. Suite 36         S575 S. Semoran Blvd. Suite 36       FD Ru NOT secretaile         Orlando, FL 32822       Orlando, FL 32822         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 a vase where its office and the street address of the business office of its registered agent, or the corporation duly adopted by its board of directors or by an officer so authorized by the floand, or the corporation has been notified in writing of the change.         I with a strengt at nonner or lineting       Christian Messana, President         I wither agree to comply with the provisions of all statutes relative to the proper and complete priormance of my dulies, and i on familiar with and accept the obligation of my possible as registered agent, business of my dulies, and i on familiar with and accept the obligation of my possible as registered agent.         I writher agree to comply with the provisions of all statutes relative to the proper and complete priormance of my dulies, and i on familiar with and accept the obligation of my possible as registered agent.         I writher agree to comporation has been notified in writing of this change.         I writher agree to complexition the provisions of all statutes relative to the proper and complete priormance of my dulies. And i on familiar with and accept the obligation of my possible as registered agent.         I writher agree to complexition that been notified in writing of the change.         I writher agree to comploration has been notified in writing of the ch	6. The name a	id street address of the new regi	istered agent (if changed) and /or registere	d office	
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Christian Messana, President  Press or first an officer or directiv  I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and 1 ain 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 reprovation has been notified in writing of this change.  Multiple of Registered Agent  I signing on behalf of an entity: CHERENE MOSELEY, ASSISTANTSECRETARY, ON BEHALF OF UNITED STATES CORPORATION AGENTS, INC.  Typed or Presed Name  *** FILLING FEE: \$35.00 ***  Marke CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALI AHASSEE, FL 32314					
I hereby accept the appointment as registered upent 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 an 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. Mono- Nignature of Registered Agent If signing on behalf of an entity: CHETENE MOSELEY, ASSISTANTSECRETARY, ON BEHALF OF UNITED STATES CORPORATION AGENTS, MC. MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL. TO: DIVISION OF CORPORATIONS, P.O. Box 6327, TALI AHASSEE, FL 32314	" A	XL	Christian Messana, Presic	Jent	· · ·
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Address Payable to Florida Department of State     Make Checks Payable to Florida Department of State     Make Checks Payable to Florida Department of State     Make Checks Payable to Florida Department of State	l hereby accep I further agree	nt the appointment as registered to comply with the provisions	d agent and agree to act in this capacity. of all statutes relative to the proper and	complete	
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Nignature of Registered Agent     Date       If signing on behalf of an entity: CHETENNE MOSELEY, ASSISTANTSECRETARY, ON BEHALF OF UNITED STATES CORPORATION AGENTS, INC.     Date       Typed or Prised Name     * * * FILING FEE: \$35.00 * * *       Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALL AHASSEE, FL 32314	hereby confir	" that the corporation has been	notified in writing of this change.		· · · ·
If signing on behalf of an entity: CHEVENE MOSELEY, ASSISTANTSECRETARY, ON BEHALF OF UNITED STATES CORPORATION AGENTS, INC. Typed or Printed Name *** FILING FEE: \$35.00 *** MAKE CHECKS PAY ABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALL AHASSEE, FL 32314		('m-	03/30/2021	•	
CORPORATION AGENTS, INC. Typed or Prisied 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		gnature of Registered Agent	Date		•
CORPORATION AGENTS, INC. Typed or Prisied 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	s. If similar on h	abolf of an antitur		. ·	
Typed of Prinked Name *** FILING FEE: \$35.00 * * * Make checks payable to Florida Department of State Mail. to: Division of Corporations, P.O. Box 6327, Tall ahassee, FL 32314	CHEVENNE MOSEI	EY, ASSISTANT SECRETARY, ON BEHALF	OF UNITED STATES	· · ·	
* * * FILING FEE: \$35.00 * * * Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tall ahassee, FL 32314	CORPORATION AG	ENTS, INC.	-		••••••
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