

Division of Corporations

PO6000139606

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6380

From: Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323)962-8600
Fax Number : (323)962-3889

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**REGISTERED AGENT CHANGE
MAPLE SOX CORP.**

Certificate of Status	0
Certified Copy	1
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MAR 31 2021

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAPLE SOX CORP.

Name of Corporation

P06000139606

DOCUMENT NUMBER:

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:

CHEYENNE MOSELEY

Name of Contact Person

LEGALZOOM.COM, INC.

Firm/Company

101 N BRAND BLVD., 11TH FLOOR

Address

GLENDAL, CA 91203

City/State and Zip Code

cmess@technical-link.com

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

For further information concerning this matter, please call:

CHEYENNE MOSELEY, LEGALZOOM.COM, INC. at (

800

773-0888 ext 9724

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

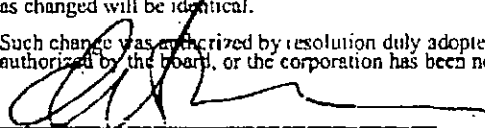
STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1503, or 617.1503, 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.

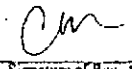
1. The name of the corporation: MAPLE SO XCORP.
2. The principal office address: 8461 LAKE WORTH ROAD, SUITE 224
LAKE WORTH, FL 33467
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 11/06/2006 Document number: P06000139606
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
The Kozlowski CPA Firm, LLC
400 South Park Avenue Florida, Suite 230
Winter Park, FL 32789
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
UNITED STATES CORPORATION AGENTS, INC.
5575 S. Semoran Blvd. Suite 36
P.O. Box NOT acceptable
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 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.

 Christian Messana, President
Signature of an officer or director 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.

 03/30/2021
Signature of Registered Agent Date

If signing on behalf of an entity:
CHEYENNE MOSELEY, ASSISTANT SECRETARY, ON BEHALF OF UNITED STATES CORPORATION AGENTS, INC.

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 (03/12)

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TALLAHASSEE, FL
DIVISION OF STATE