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COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT:	PELYCAN, I Name of Corp	NC.
DOCUMENT NUMBER:	P1000	0029050
The enclosed Statement of Chang	e of Registered Office/A	agent and fee are submitted for filing.
Please return all correspondence c	concerning this matter to	the following:
	PETER SAV Name of Conta	<u>'INEAU</u> ct Person
	MCR PARTNE Firm/Com	ERS, INC.
	Firm/Com	pany
	20533 BISCAYNE Addres	BLVD (1301)
	MIAMI, FL City/State and	33180 Zip Code
E-mail addre	MCRPARTNERS@'ss: (to be used for futu	YAHOO.COM are annual report notification)
For further information concerning	g this matter, please call	:
PETER SAVIN		at (<u>305</u>) <u>725-7405</u>
Name of Contact P	erson	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made p	payable to the Departme	ent of State.
Division P.O. Box	Address: ent Section of Corporations a 6327 see, FL 32314	Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO:

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

statement of char	nge is submitted for a co	rporation organized	07.1508, or 617.1508, Floi Tunder the laws of the State Tagent, or both, in the State	e of FLORIDA
1. The name of t	he corporation: PEL	CAN, INC.		<u> </u>
2. The principal	office address: 1521 A	ALTON ROAD (8	370)	<u> </u>
MIAMI BE	ACH, FL 33139		··	
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification:	04/02/2010	Document number:	P10000029050
	street address of the cur tment of State: (If resign		and registered office on fi	le with the
	CORPORATION	SERVICE COMP	PANY	<u>-</u>
	1201 HAYS STRE	ET		
	TALLAHASSEE F	L 32301		A MAR
6. The name and (if changed):	street address of the nev	v registered agent (if	changed) and /or registere	d office 1999
	MCR PARTNERS	, INC.		
	20533 BISCAYNE	BLVD (1301) P.O. Box NOT acc	omtoble.	A.P.
	MIAMI, FL 33180	P.O. BOX NOT BCC	ерате	
	ss of its registered offic be identical.		ress of the business office	
Such change wa authorized by th	s authorized by resolut se board, or the corporate	on duly adopted by ion has been notified	its board of directors or led in writing of the change	by an officer so e.
Signatur	e of an officer or director		LIONEL GILBERT	PRESIDENT
I hereby accept I further agree t of my duties, and document is beil corporation has	the appointment as reg o comply with the prov d I am familiar with an ng filed merely to reflec been notified in writing	istered agent and ag sions of all statutes d accept the obligat t a change in the re g of this change.	gree to act in this capacity relative to the proper and ion of my position as regi gistered office address, I	, d complete performance stered agent. Or, if this hereby confirm that the
Sign	ature of Registered Agent		03/01/20 Date	011
If signing on bel	half of an entity:			
P. SAVINEA	U - MCR PARTNEF	S, INC.		

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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