## P100000 94450

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JUL 2 5 2020 S. YOUNG

## COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: MC 360 INC. Name of Corporation	
·	
DOCUMENT NUMBER: P10000094450	
The enclosed Statement of Change of Registered Of	ffice/Agent and fee are submitted for filing.
Please return all correspondence concerning this ma	itter to the following:
MARCOS CONCEPCION	
Name of Contact Person	
MC 360 INC.	
Firm/Company	
4103 SW 91 CT.	
Address	<del></del>
MIAMI, FL. 33165	
City/State and Zip Code	<del></del>
marcosjesus360@yahoo.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, plea	se call:
MARCOS CONCEPCION	at ( 305 ) 801-5843
Name of Contact Person	at ( 305 ) 801-5843 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Dep	partment of State.
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

## $\dot{\,\cdot\,}$ ' STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chan	ge is submitted for a	corporation organiz	, 607.1508, or 617.1508 zed under the laws of th	e State of FLORIDA
in order	to change its register	red office or register	red agent, or both, in the	e State of Florida.
1. The name of th	e corporation: MC	360 INC.		
2. The principal of	office address: 4103	SW 91st, CT., MIAN	MI, FL. 33165	
3. The mailing ad	ldress (if different): _	SAME AS ABOVE		
	oration/qualification:		Document number	:P10000094450
	street address of the c ment of State: (If resi		ent and registered office l)	e on file with the
_	ABEL DIAZ LEYV	'A		
	12507 SW 147 TERI	RACE		2820
	MIAMI, FL. 33186			2020 11111 15
6. The name and (if changed):	street address of the r	new registered agent	t (if changed) and /or re	gistered office : 元 }
	MARCOS CONCEP	CION		7. 2.
	4103 SW 91 CT.			
-		P.O. Box	NO F acceptable	
	MIAMI, FL. 33165	• •		
The street address changed will l	ss of its registered of se identical.	fice and the street a	ddress of the business	office of its registered agent,
Such change was authorized by the	authorized by resol board, or the corpo	ution duly adopted ration has been not	by its board of director ified in writing of the c	rs or by an officer so hange.
	1-1-10-		MARCOS CON	CEPCION, President
Signature	of an officer or director		Printed or type	ed name and title
I further agree to of my duties, and document is bein	he appointment as re o comply with the pro l I am familiar with a gyfiled merely to refl been notified in writ	ovisions of all statu and accept the oblis lect a change in the	l agree to act in this ca tes relative to the prop gation of my position as registered office addro	pacity. er and complete performance s registered agent. Or, if this ess, I hereby confirm that the
7)	Illivia		06/08	/2020
Sign	ature of Registered Agent	<del></del>	D	ate
If signing on beh	nalf of an entity:			
Ту	ped or Printed Name			

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

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