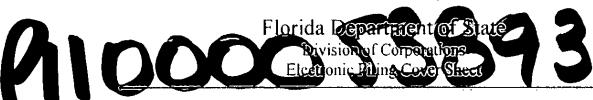
12/31/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200004462613)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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 MCNA SYSTEMS CORP.

Certificate of Status	0
Certified Copy	l l
Page Count	02
Estimated Charge	\$43,75

Electronic Filing Menu

Corporate Filing Menu

By:

DocuSign Envelope ID: CF48C5AD-2930-4DED-8D43-F813042D22DF

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

statement of ch	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statutes, th on organized under the laws of the State of Flordia or registered agent, or both, in the State of Florida.	is
1. The name of	the corporation: MCNA Systems	Согр.	
	office address: PRESS CREEK ROAD SUITE 500	FORT LAUDERDALE, FL 33309	
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 06/08/201	Document number: P11000053893	
	nd street address of the current reg artment of State: (If resigned, ente	istered agent and registered office on file with the resigned)	
	Lacasa, Carlos A., Esq.		
	200 WEST CYPRESS CREEK ROAD, SUITE 500		2021
	FORT LAUDERDALE, FL 3330	(3)	JAII
6. The name an (if changed):		cred agent (if changed) and /or registered office	2021 JA11-1, AM11:20
	CT Corporation System		= 2
	1200 South Pine Island Road	·	Ö
	Plantation, Florida 33324	P.O. Box NOT acceptable	
The street addr as changed wil	ress of its registered office and th If be identical.	e street address of the business office of its registere	d agent,
Such change wanthorized by	vas authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
Heath	er lang	Heather A. Lang, Assistant Secretary	
I hereby accep I further agree of my duties, a document is be	Riverin officer or director of the appointment as registered a to comply with the provisions of and I am familiar with and accept eing filed merely to reflect a char- as been notified in writing of this	Printed or typed name and title agent and agree to act in this capacity. Tall statutes relative to the proper and complete perf the obligation of my position as registered agent. Capacity the registered office address, I hereby confirm change.	ormance Ir, if this that the
1 3	ishing of Registered Agent	12/31/2020 Date	
If signing on b	ehalf of an entity:		
	Her, Asst. Secretary Typed or Primed Name	_	
	* * * FIL	ING FEE: \$35.00 * * *	

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 5327, Tallahassee, FL 32314 CR2E045 (04/13)