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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

\*\*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 MEP NORTH AMERICA CORP.

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JUN 1 7 2022

## COVER LETTER

TO:

Amendment Section Division of Corporations

| SUBJECT: MEP NORTH AMERICA CORP.  |
|---|
| Name of Corporation  P15000005964  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:                     |
| Joshua Murphy   |
| Name of Contact Person  |
| Registered Agent Solutions, Inc.  |
| Firm/Company  |
| Corporate Center One, 5301 Southwest Pkwy, Ste 400  |
| Address   |
| Austin, Texas 78735   |
| City/State and Zip Code   |
| E-mail address: (to be used for future annual report notification)                            |
| For further information concerning this matter, please call:                                  |
| Joshua Murphy at (888 ) 705-7274  |
| 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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

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

|                                     | provisions of sections 607.0502, 61 ange is submitted for a corporation  |  |  |  |
|-------------------------------------|--|--|--|--|
| in orde                             | er to change its registered office or  | registered agent, or h                           | ooth, in the State of I                    | Florida.   |
| 1. The name of                      | the corporation: MEP NORTH   | AMERICA COP                                      | RP.  |  |
| 2. The principal                    | l office address: 2512 Summit  | Avenue Suite                                     | 307 Plano, T                               | X 75074  |
|                                     |  |  |  |  |
| _                                   | address (if different): c/o Funaro &   |  |  |  |
| 4. Date of incor                    | poration/qualification: 1/22/201   | Documer Documer                                  | ու ոստber: <u>P1500</u>                    | 00005964   |
|                                     | d street address of the current regist<br>rtment of State: (If resigned, enter r   |  | ered office on file w                      | ith the  |
|                                     | Funaro & Co., P.C  | <b>)</b> .                                       |  |  |
|                                     | 1221 Brickell Avenue   | Brickell Avenue Suite 1160                       |  | _  |
|                                     | Miami  | FL   | 33131                                      | - 20<br>- C  |
| 6. The name and (if changed):       | d street address of the new registere  Registered Agent Sol  |  | and /or registered of                      | · · · · · · · · · · · · · · · · · · ·                              |
|                                     | 155 Office Plaza Dr.   | Suite A  | ١  | FH 2:  |
|                                     | Tallahassee  | P.O. Box NOT acceptable FL 323                   | 01   |  |
| The street addr                     | ess of its registered office and the I be identical.   | street address of the                            | business office of i                       | ts registered agent,   |
| Such change w<br>authorized by t    | as authorized by resolution duly a<br>he board, or the corporation has be  | dopted by its board o                            | f directors or by an<br>g of the change.   | officer so   |
| /s/ Paolo                           | Schneider  | Paolo Schr                                       | neider Savio                               | TREASURER  |
| •                                   | ure of an officer or director  |  | rinted or typed name and t                 | ale  |
| l further agree<br>of my duties, ar | t the appointment as registered ag<br>to comply with the provisions of a<br>nd I am familiar with and accept th<br>ing filed merely to reflect a chang<br>is been notified in writing of this ci | ll statutes relative to<br>he obligation of my v | the proper and con<br>osition as registere | nplete performance<br>ed agent. Or, if this<br>by confirm that the |
| Hodea                               | widt   | 06/16/202  | 22   |  |
| Sig                                 | gnature of Registered Agent  |  | Date                                       |  |
| lf signing on be                    | ehalf of an entity:  |  |  |  |
| Mackenzie Hart                      | , Assistant Secretary  |  |  |  |
| 1                                   | Typed or Printed Name  |  |  |  |
|                                     | * * * FILIN  | NG FEE: \$35.00 * *                              | *  |  |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)