

P150006 86841

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 16 P 3 22

FILED

JUN 21 2017  
T. LEMIEUX

PA

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FL in order to change its registered office or registered agent, or both, in the State of Florida

1. The name of the corporation: MACS MARTIAL ARTS SUPPLIES CORP.
2. The principal office address: 3740 NORTHWEST 78 STREET, BAY #2  
MIAMI, FL 33147
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation qualification: 10/21/2015 Document number: P15000086841

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)

SAMEER NASIR  
3740 NORTHWEST 78TH STREET, BAY #2  
MIAMI FL 33147

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

SAGHEER NASIR  
3740 NORTHWEST 78TH STREET, BAY #2  
MIAMI FL 33147

P.O. Box NOT acceptable

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.

  
\_\_\_\_\_  
Signature of an officer or director

SAGHEER NASIR  
\_\_\_\_\_  
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.

\_\_\_\_\_  
Signature of Registered Agent

\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
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