Division of Companions Electronic Filing Cover Sheet

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(((H16000302294 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name

: INCORP SERVICES INC

Account Number : I20120000007

Phone

: (702)866-2500

Fax Number

: (702)866-2689

Enter the email address for this business entity to be used for futale annual report mailings. Enter only one email address please.

Email Address: documents@incorp.com

REGISTERED AGENT CHANGE MARKETING ANALYTIC TRENDS INC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$35.00

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT:	MARKETING ANALYTIC TRENDS INC
	Name of Corporation
DOCUMENT I	NUMBER: <u>P16000085466</u>
The enclosed St	atement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	Leora Nealey
	Name of Contact Person
	InCorp Services, Inc.
	Firm/Company
	3773 Howard Hughes Pkwy. · Suite 500S
	Address
	Las Vegas, NV 89169-6014
	City/State and Zip Code
	documents@incorp.com E-mail address: (to be used for future annual report notification)
For further info	rmation concerning this matter, please call:
Leora Nealey	y on behalf of InCorp Services, Inc. at (702) 866-2500 ext 6756 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a \$3	35.00 check made navable 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 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

statement of ch	ange is submitted for a corporation orgo	502, 607.1508, or 617.1508, Florida Statutes, unixed under the laws of the State of Florida stered agent, or both, in the State of Florida.	this		
	the corporation: MARKETING ANALY				
2. The principal	l office address: 5840 RED BUG LA SPRINGS, FL 32708	KE ROAD., #1520			
<u> </u>					
4. Date of incom	poration/qualification: 10/21/2016	Document number: P16000085466		·	
5. The name an		agent and registered office on file with the ned)			
	NIKOLOV, IVO				
	2650 Dade Ave - Suite 1422		م د قصم		
	Orlando, FL 32804		ALC Siego	5	
6. The name and (if changed):		ent (if changed) and /or registered office	Allasse	DEC -9	-
× .	inCorp Services, Inc.			7	1
	17868 67th Court North			<u></u>	
	P.O. Box NO)T acceptable		57	
	Loxahatchee, FL 33470				
The street address changed will	ess of its registered office and the street be identical.	t address of the business office of its register	ed agent,		
		d by its board of directors or by an officer so otified in writing of the change.			
	Tuest	Ivo Nikolov, Manager			
I hereby actept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent at to comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to ref that the corporation has been notified	Printed or typed hame and title and agree to act in this capacity, tutes relative to the proper and complete accept the obligation of my position as regis lect a change in the registered office address in writing of this change.	tered s, l		
X oeri	a Nealess	December 7, 2016			
Sig	mediure of Regustered Agent	Date			
If signing on be	half of an entity:				
	on behalf of InCorp Services, Inc. yed or Printed Name *** FILING FI	EE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE