## P160000 90217

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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2021 NOV 10 PK 4: 14



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: November 10, 2021			7,0000 Http://200000000000000000000000000000000000		
Name: David S	Shulman				
Reference #:	1499223				
Entity Name:	MAINSTREE	T SOUTHSIDE CE	NTER, INC.		
Articles of Incorpo	oration/Authoriza	ition to Transact Busin	ness		
Amendment					
✓ Change of Agent	ISSUES? CALL				
Reinstatement			David:		
Conversion			850-270-0082		
Merger					
Dissolution/Witho	drawal				
Fictitious Name					
Other					
Authorized Amount:	\$35.00	)			
Signature:	David Shalman				

+1.212.947 7200

+44 (0)20.3786.1090

INFINITUS PLAZA 12 ° FL 199 DES VOEUX RD CENTRAL HONG KONG +852.3975.1803



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: November	10, 2021	Account#. 120000000			
Name: David S	hulman				
Reference #:					
Entity Name:	MAINSTREET SOUTHSIDE CENTER, INC.				
Articles of Incorpo	oration/Authorization to Transact	Business			
Amendment					
✓ Change of Agent	ISSUES? CALL				
Reinstatement		David:			
Conversion		850-270-0082			
☐ Merger					
Dissolution/Witho	Irawal				
Fictitious Name					
Other					
Authorized Amount:	\$35.00				
Signature:	David Shalman				

-1,212,947,7200

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

Pursuant to the provisions of se statement of change is submitted in order to change its r	d for a corporatio	on organized ur	ider the law	s of the State	of F	lorida	
1. The name of the corporation:	<u>N</u>	MAINSTREE	T SOUTH	SIDE CEN	TER, IN	1C.	
2. The principal office address: No Change							
3. The mailing address (if differ							
4. Date of incorporation/qualific	cation:11/9	9/2016	Document n	umber;	P1600	0090	217
5. The name and street address Florida Department of State:	of the current reg	gistered agent ar	nd registered	d office on fil	e with the	3	
	KILGALI	ON, PATRI	CIA C				
2101	WEST COMM	IERCIAL BL	/D., SUIT	E 1200			
Fort Laud	erdale	FL	-	33309	- ->C) ->C)	2021	
6. The name and street address (if changed):				l /or registered	d office	2021 NOV 10 A	
	COGEN	CY GLOBAL	INC.		<del>- :</del>	∰ 9:	ن ۰۰۰ دهنه - ۳۰۰ تمکیم
	115 North Calhoun Street, Suite 4						
	Tallahassee		Florida	32301			
The street address of its registe as changed will be identical.	ered office and th	ne street addres	s of the bus	iness office o	of its regi	stered :	igent,
Such change was authorized by authorized by the board, or the	y resolution duly corporation has	adopted by its been notified i	board of di n writing of	rectors or by f the change.	an office	er so	
/s/ Paul J Kilgallon		Paul J Kilgallon, President					
Signature of an officer or di				or typed name at	nd title	-	
I hereby accept the appointme I further agree to comply with performance of my duties, and agent. Or, if this document is hereby confirm that the corpor	nt as registered o the provisions of 'I am familiar wi being filed merei ration has been n	agent and agre f all statutes re ith and accept i lv to reflect a c iotified in writi	e to act in to lative to the the obligation hange in the ng of this ci	his capacity. e proper and on of my posi e registered o hange.	complete ition as re office ada	egistere Iress, I	₽d
/s/ Michael Carlisle			11/10	/2021			
Signature of Registered	Agent			Date			
If signing on behalf of an entit	y:						
Michael Carlisle, Assist		_					

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