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COVER LETTER

TO: Amendment Section Division of Corporations

MCL INDUSTRIES, INC.

Name of Corporation

DOCUMENT NUMBER: P17000098126

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:

STUART P. LERMAN Name of Contact Person

name of Contact Person

LERMAN BUSINESS SVCS, CPA

Firm/Company

3550 HOBSON RD, STE 401

Address

WOODRIDGE, IL 60517

City/State and Zip Code

stuart@lermancpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STUART P. LERMAN at (630 719-1400 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
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or inge is submitted for a corporation organized under the er to change its registered office or registered agent, or t	laws of the State of	FLORIDA	
1. The name of t	the corporation: MCL INDUSTRIES, INC.			
2. The principal	office address: 8995 GOLDEN MOUNTAIN ON BEACH, FL 33473	CIRCLE		
-	nddress (if different):			
4. Date of incorp	poration/qualification: 12/12/17 Docume	nt number: P1700	00098126	
	d street address of the current registered agent and regist rtment of State: (If resigned, enter resigned)	ered office on file w	ith the	
	10130 BELLA VISTA CIRCLE, #1004			
	MIROMAR LAKES, FL 33913		17 DEC	
6. The name and (if changed):	d street address of the new registered agent (if changed)	and /or registered of	FN 3: 04	
	8995 GOLDEN MOUNTAIN CIRCLE			
	BOYNTON BEACH, FL 33473		***	
	P.O. Box NOT acceptable			
The street addre	ess of its registered office and the street address of the be identical.	business office of it	s registered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted by its board one board, or the corporation has been notified in writing	of directors or by an g of the change.	officer so	
Mps	MICHAEL C. LEHNERER Printed or typed name and title			
L - I hereby accept I further agree t	the appointment as registered agent and agree to act to comply with the provisions of all statutes relative to my duties, and I am familiar with and accept the obligis document is being filed merely to reflect a change in that the corporation has been notified in writing of this	in this capacity. the proper and con	mlete	
VIfel		3/17		
("	nature of Registered Agent	Date		
It signing on be	half of an entity:			
——————————————————————————————————————	yped or Printed Name			

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