P180000 83719

(Re	equestor's Name)	
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COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: MCCAIN MILLS TIVE Name of Corporation
DOCUMENT NUMBER: P18000083719
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:
JOSH MCCAIN Name of Contact Person
MCCAIN MILLS, INC
5605 PAUL BUCHMAN HVVY
PLANT CITY, FC 33565 City/State and Zip Code
PLANT CITY, FC 33565 City/State and Zip Code Carole@myers and Wright. Com E-mail address: (to be used for future annual report addification)
For further information concerning this matter, please call:
Tosh McCain Name of Contact Person at (813) 752 6478 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

TO:

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 Food RIDA in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: MC CAIN MILLS, INC
2. The principal office address: 5605 PAUL BUCHMAN HWY
PLANT CITY, Fe 33565
3. The mailing address (if different):
4. Date of incorporation/qualification: 101418 Document number: P1800008371
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)
REGISTERED AGENTS INC
3030 N. ROCKY POINT DR, STE 150%
TAMPA, PL 33607
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
MYERS +WRIGHTPA
110 W REYNOLDS ST., STE #110
P.O. Box NOT acceptable PLANT CITY, FL 33563
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 Signature of an officer or director Signature of an officer or director Printed or typed name and liftle
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 JCHA 31419
If signing on behalf of an entity: Typed or Printed Nam
* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314