## 

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Account#: I20000000088

Date: November	10, 2021		A000unt#. 1200000000			
Name: David S	hulman					
Reference #:	1499223					
Entity Name:	MAINSTRE	ET MISSOURI CENT	ER, INC.			
Articles of Incorpo	oration/Authoriz	ation to Transact Busine	SS			
Amendment						
Change of Agent			ISSUES? CALL			
Reinstatement		David:				
Conversion			850-270-0082			
☐ Merger						
☐ Dissolution/Withd	Irawal					
Fictitious Name						
Other						
Authorized Amount:	\$35.0	0				
Signature:	David Shulman					

+44 (0)20,3786,1090



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

Account#: I20000000088 November 10, 2021 **David Shulman** Name:\_\_\_ 1499223 Reference #:\_\_\_\_\_ MAINSTREET MISSOURI CENTER, INC. Entity Name:\_\_\_\_\_ Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent **ISSUES? CALL** Reinstatement David: 850-270-0082 Conversion ☐ Merger Dissolution/Withdrawal Fictitious Name Other \_\_\_\_\_ Authorized Amount: \$35.00 David Shulman

Signature:

+44 (0)20.3786.1090

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

statement of cha	provisions of sections 60 nge is submitted for a co r to change its registered	orporation organi	zed under the lav	vs of the State	of Florida		
1. The name of t	he corporation:	MAINST	MAINSTREET MISSOURI CENTER, INC.				
2. The principal	office address:		No Ch	ange			
3. The mailing a	ddress (if different):						
4. Date of incorporation/qualification:		3/14/2019	Document r	ıumber:	P19000021626		
	I street address of the cu ament of State: (If resign			d office on fil	le with the		
		KILGALLON,	PAUL J				
2101 WEST COMMERCIAL BLVD., SUITE 1200							
	Fort Lauderdale	FL		33309	202 SE(		
6. The name and (if changed):	d street address of the ne	w registered agen	t (if changed) and	d /or registere	2021 NOV 10 SECRETARION TO define the desired to th		
	COGENCY GLOBAL INC.						
	115 North Calhoun Street, Suite 4						
	ғ.о. в Tallahassee		NOT acceptable Florida 32301		, t		
The street addre	ess of its registered offic		Florida ddress of the bu		—— of its registered agent,		
as changed will  Such change wa authorized by the	as authorized by resolut to board, or the corpora	ion duly adopted tion has been noti	by its board of diffied in writing o	irectors or by If the change.	an officer so		
/s/ Paul J Kilgallon			Paul J Kilgallon, President				
Signature of an officer or director		<del></del>	Printed or typed name and title				
l further agree performance of agent. Or, if th	the appointment as reg to comply with the prov my duties, and I am fan is document is being fil that the corporation ha	isions of all statu niliar with and ac ed merely to refle	tes relative to the scept the obligati ct a change in th	e proper and ion of my pos e registered (	ition as registerea		
/s/ Michael Carlisle			11/	10/2021			
Signature of Registered Agent		<del></del>		Date			
If signing on be	chalf of an entity:						
Michael Ca	rlisle, Assistant Sec	cretary					
	yped or Printed Name						

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

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