P19000068672

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A. BUTLER

JUL 2 1 2022

COVER LETTER

Amendment Section Division of Corporations

TO:

CUBICCE, MW MARKET INC			
SUBJECT: MW MARKET INC Name of Corporation			
DOCUMENT NUMBER: P19000068872			
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.		
Please return all correspondence concerning this	s matter to the following:		
LOVETTE DOBSON			
Name of Contact Person			
INCFILE.COM LLC			
Firm/Company			
17350 STATE HWY 249 #220			
Address			
HOUSTON, TX., 77064			
City/State and Zip Code			
EFILE1234@INCFILE.COM	1		
E-mail address: (to be used for future annua	l report notification)		
For further information concerning this matter.	please call:		
LOVETTE DOBSON	at (888) 462-3453 Area Code & Daytime Telephone Number		
Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed is a \$35.00 check made payable to the	Department of State.		
Mailing Address: Amendment Section	Street Address:		
	Amendment Section		
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

statement of char	rovisions of sections 607.0502, 617.0502 age is submitted for a corporation organiz to change its registered office or register	zed under the laws of the State of	FLORI	IDA	
	ne corporation: MW MARKET INC				
2. The principal of	2450 W Comple Dd Cuite A	17			
	Pompano Beach, FL 33073				
3 The mailing ac	Idress (if different): 16850 Collins Ave Ma	nilbox Number 724 Ste 112, Sunny	Isles Be	ach, Fl	L 33160
4. Date of incorp	oration/qualification: 08/28/2019	Document number: P190000)68872		
5. The name and	street address of the current registered agment of State: (If resigned, enter resigned	ent and registered office on file v			
	CODY GERMAN	_			
	9150 S DADELAND BLVD, SUITE 1400		_		
	MIAMI, FL 33156				
6. The name and (if changed):	street address of the new registered agent	t (if changed) and /or registered o	SHORET	2022 HAY	- ji
	LEGALINC CORPORATE SERVICES IN	C.		9	
	5237 SUMMERLIN COMMONS SUITE 4	ЮО	XX 유	AM 10:	Caracter of the Control of the Contr
	P.O. Box FORT MYERS, FL 33907	NOT acceptable	STATE	10: 26	
The street addre	ss of its registered office and the street a be identical.	address of the business office of	its regi	stered	agent,
_	s authorized by resolution duly adopted e board, or the corporation has been not				
michaelo	r. Walding Or.	Michael J. Walding, Jr- President			
Signatu	e of an officer or diffettor	Printed or typed name and	title		
I furthér agrée t of my duties, an docúment is bei	the appointment as registered agent and o comply with the provisions of all statu d I am familiar with and accept the obli ng filed merely to reflect a change in the been notified in writing of this change.	ites relative to the proper and co	omplete red ager reby con	perfor 1t. Or, ifirm th	rmance , if this hat the
Wesley	Dolan	05/12/2022			
Sign	nature of Registered Agent	Date			
If signing on be	half of an entity:				
	ped or Printed Name				

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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