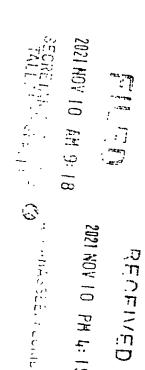
P200000/00

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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Account#: I20000000088

Date: November 10, 2021			Accounts. 12000000000			
Name: David S	hulman					
Reference #:	1499223					
Entity Name:	MAINST	REET BOCA	HOTEL	, INC.		
Articles of Incorpo	oration/Authoriz	ation to Transac	t Busines	s		
Amendment						
☑ Change of Agent			1	ISSUES? CALL		
Reinstatement			David:			
Conversion			8	850-270-0082		
Merger						
☐ Dissolution/Withd	Irawal					
Fictitious Name						
Other						
Authorized Amount:	\$35.0	0				
Signature:	David Shulman					

-1,212,947,7200



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

Account#: I20000000088

Date: November 10, 2021		Accounts: 12000000000
Name: David S	hulman	
Reference #:	1499223	
Entity Name:	MAINSTREET BOCA	A HOTEL, INC.
Articles of Incorpo	oration/Authorization to Transa	act Business
Amendment		
✓ Change of Agent		ISSUES? CALL
Reinstatement		David:
☐ Conversion		850-270-0082
☐ Merger		
☐ Dissolution/Withd	rawal	
☐ Fictitious Name		
Other		
Authorized Amount:	\$35.00	
Signature:	David Shulman	

-1,212,947,7200

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

Pursuant to the provisions of sections 60 statement of change is submitted for a co.							
in order to change its registered	office or registered	l agent, or boti	h, in the State	of Florida.			
. The name of the corporation: MAINSTREET BOCA HOTEL, INC.							
2. The principal office address: No Change							
3. The mailing address (if different):							
4. Date of incorporation/qualification:	1/6/2020	Document r	ıumber:	P20000001007			
5. The name and street address of the current Florida Department of State: (If resigned)		it and registere	d office on fil	e with the			
	KILGALLON, P.	AUL J					
2101 WEST C	2101 WEST COMMERCIAL BLVD., SUITE 1200 Fort Lauderdale FL 33309						
Fort Lauderdale	FL		33309	1 A0			
6. The name and street address of the new (if changed):	v registered agent (i DGENCY GLOE		1/or registere	~ .			
				<u> </u>			
115 <u>N</u>	115 North Calhoun Street, Suite 4 P.O. Box NOT acceptable						
Tallahas	ssee	Florida	32301				
The street address of its registered office as changed will be identical.	e and the street add	lress of the bus	siness office (of its registered agent.			
Such change was authorized by resolution authorized by the board, or the corporation	on duly adopted by on has been notific	its board of ded in writing o	irectors or by f the change.	an officer so			
/s/ Paul J Kilgallon		Paul J Kilgallon, President					
Signature of an officer or director		Printed or typed name and title					
I hereby accept the appointment as regis I further agree to comply with the provis performance of my duties, and I am fam agent. Or, if this document is being file hereby confirm that the corporation has	cione at all etatutos	ralativa ta tha	י אווירו יוספרוייווי ע	complete tion as registered office address, l			
/s/ Michael Carlisle		11	1/10/2021				
Signature of Registered Agent			Date				
If signing on behalf of an entity:							
Michael Carlisle, Assistant Secr	etary						
Tuned at Printed Name							