

P210000037076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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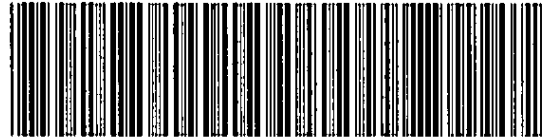
(Business Entity Name)

(Document Number)

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2021 MAY -6 AM 3:02

SECRETARY OF STATE
TALLAHASSEE, FL

6/7/21
SP

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MCTC CONSULTING ENTERPRISES INC

Name of Corporation

DOCUMENT NUMBER: P21000037076

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:

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@INCFIL.COM

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

For further information concerning this matter, please call:

Lovette Dobson

Name of Contact Person

at (888) 462-3453

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**

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 Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MCTC CONSULTING ENTERPRISES INC
2. The principal office address: 3901 NW 79TH AVE, STE 245 #3724
MIAMI, FL 33166
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 04/16/2021 Document number: P21000037076

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)

THOMAS CAHILL
40 WALL STREET STE 3100
NEW YORK, FL 10005

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

LEGALINC CORPORATE SERVICES INC.
5237 SUMMERLIN COMMONS SUITE 400
P.O. Box NOT acceptable
FORT MYERS, FL 33907

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.

Thomas Cahill
Signature of an officer or director

THOMAS CAHILL - DIRECTOR
Printed or typed name and title

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.

Wesley Dolan
Signature of Registered Agent

04/30/2021

Date

If signing on behalf of an entity:

WESLEY DOLAN
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE

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SECRETARY OF STATE
TALLAHASSEE FL