

P21000066186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

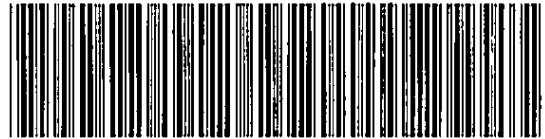
(Business Entity Name)

(Document Number)

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TO: Amendment Section
Division of Corporations

SUBJECT: MC AUTO PARTS CORP
Name of Corporation

DOCUMENT NUMBER: P21000066186

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:

KEYLA CASTILLO
Name of Contact Person
KCA FINANCIAL SOLUTIONS LLC
Firm/Company
411 PARK GROVE DR SUITE 410
Address
KATY, TX 77450
City/State and Zip Code

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

For further information concerning this matter, please call:

KEYLA CASTILLO at (832) 705-5502
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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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: MC AUTO PARTS CORP
2. The principal office address: 13021 NW 1ST ST APT 8207 PEMBROKE PINES, FL 33028
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 07/20/2021 Document number: P21000066186
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)

CESAR R. CRUZALEGUI

333 NE 24TH STREET

MIAMI, FL 33137

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

MARIO J. CASTILLO

13021 NW 1ST ST APT 8207

P.O. Box NOT acceptable

PEMBROKE PINES, FL 33028

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.

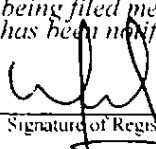


Signature of an officer or director

MARIO CASTILLO

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.



Signature of Registered Agent

09/08/2022

Date

If signing on behalf of an entity:

MARIO J. CASTILLO

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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TALLAHASSEE, FL