# P21000096029

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(Address)				
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Account#: I20000000088 March 17, 2022 Date:\_ **David Shulman** Name: 1617655 Reference #:\_\_\_\_ MAINSTREET 4300 FAYETTEVILLE 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:



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Date: March 1	7, 2022	Account#: 12000000008	
	Shulman		
Reference #:	1617655		
Entity Name:	MAINSTREET 430	00 FAYETTEVILLE INC.	
Articles of Incorp	oration/Authorization to	Transact Business	
Amendment			
✓ Change of Agent	ب	ISSUES? CALL	
Reinstatement		David:	
☐ Conversion		850-270-0082	
Merger			
☐ Dissolution/Witho	drawal		
Fictitious Name			
Other			
Authorized Amount:	\$35.00		
Signature:	David Shulman		

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

statement of change is submi	f sections 607.0502, 617.0502, 607.1508, or 617.1508. Floi itted for a corporation organized under the laws of the Stat its registered office or registered agent, or both, in the Stat	e of Florida
1. The name of the corporation	on: MAINSTREET 4300 FAYETT	EVILLE INC.
2. The principal office address	ss: No Change	
3. The mailing address (if dif	fferent):	
4. Date of incorporation/qual	lification: November 12, 2021 Document number:	P21000096029
	ess of the current registered agent and registered office on f te: (If resigned, enter resigned)	ile with the
	KILGALLON, PAUL J	
2101	1 W COMMERCIAL BLVD STE 1200	
	FT LAUDERDALE, FL 33309	
(if changed):  COGE  115 No	OR P.O. Box NOT acceptable assee, FL 32301	ed office
The street address of its regi	istered office and the street address of the business office	
/s/ Paul J. Kilgallon	Paul J. Kilgallon Printed or typed name	Director
I hereby accept the appoints I further agree to comply wi performance of my duties, a agent. Or, if this document	ment as registered agent and agree to act in this capacity ith the provisions of all statutes relative to the proper and I am familiar with and accept the obligation of my posis being filed merely to reflect a change in the registered poration has been notified in writing of this change.	I complete sition as registered
/s/ Michael Carlisle	March 17, 2022	
Signature of Register  If signing on behalf of an en	•	

#### Michael Carlisle, Assistant Secretary

Typed or Printed Name

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

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

statement of change i	s submitted for a corporation o	.0502, 607.1508, or 617.1508, Flor rganized under the laws of the State egistered agent, or both, in the State	of Florida
1. The name of the co	orporation: MAINS	REET 4300 FAYETT	EVILLE INC.
2. The principal offic	e address: No Change		
3. The mailing address	es (if different):		
4. Date of incorporat	on/qualification: November	12, 2021 Document number:	P21000096029
	et address of the current register t of State: (If resigned, enter res	red agent and registered office on fi	le with the
	KILGALL	ON, PAUL J	
	2101 W COMMERC	CIAL BLVD STE 1200	2022 Hills
	FT LAUDERD	ALE, FL 33309	
6. The name and stre (if changed):	et address of the new registered	agent (if changed) and /or registere	
<u>C</u>	OGENCY GLOBAL	_ INC.	 — G
<u>1</u>	15 North Calhoun S		
_Ta	ellahassee, FL 32	NOT acceptable	
The street address of as changed will be id	its registered office and the st lentical.	reet address of the business office	of its registered agent.
Such change was authorized by the bo	horized by resolution duly ado ard, or the corporation has been	pted by its board of directors or by n notified in writing of the change.	an officer so
/s/ Paul J. Kilgall	on i officer or director	Paul J. Kilgallon Printed or typed name a	Director
I further agree to co- performance of my a agent. Or, if this do	mply with the provisions of all uties, and I am familiar with a	t and agree to act in this capacity. statutes relative to the proper and nd accept the obligation of my pos reflect a change in the registered of the in writing of this change.	ition as registered
/s/ Michael Carlisle March 17, 2022			<u> </u>
Signature	of Registered Agent	Date	

If signing on behalf of an entity:

#### Michael Carlisle, Assistant Secretary

Typed or Printed Name

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