

P220000063795

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MCP Quality Consulting
Name of Corporation

DOCUMENT NUMBER: P22000063798

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:

Mara C. Pavlic

Name of Contact Person

MCP Quality Consulting Corp

Firm/Company

9724 Ivory Dr

Address

Ruskin, FL 33573

City/State and Zip Code

mpavlic@MCPQuality.com

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

For further information concerning this matter, please call:

Mara C. Pavlic

Name of Contact Person

at (656) 800-2633

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: MCP Quality Consulting Corp
2. The principal office address: 9724 Ivory Dr., Ruskin, FL 33573
3. The mailing address (if different): same
4. Date of incorporation/qualification: 08/12/2022 Document number: P22000063798
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)

ZENBUSINESS INC.

336 E. COLLEGE AVE., SUITE 301

TALLAHASSEE, FL 32301

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

Samuel Garcia Lamb

7429 NW 33rd St, Unit 8201

P.O. Box NOT acceptable

Hollywood, Fl. 33024

ALL STATE
LAW OFFICES, FLORENCE

23 AUG 15 PM 12:10

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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.

myself

Signature of an officer or director

Mara C. Pavlic

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.

Samuel Garcia Lamb

Signature of Registered Agent

Samuel Garcia Lamb

Date _____

If signing on behalf of an entity:

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)