(Requestor's Name)
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

. . .

	ACCOUNT NO.	:	12000000	0195
	REFERENCE	:	784117	8416765
A	UTHORIZATION	. (Spella	Ceran
	COST LIMIT	:	\$ 35.00	
ORDER DATE : Jun	e 1, 2023			
ORDER TIME : 1:	57 PM			
ORDER NO. : 784	117-005			
CUSTOMER NO:	8416765			
	CHANGE OF AC	GENT	- -	
•	MK LEGACY CONS SERVICES , INC		'ING AND	
PLEASE RETURN THE	FOLLOWING AS	PRO	OF OF FI	LING:
CERTIFIED	COPY			

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

XX_ PLAIN STAMPED COPY

EXAMINER:

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.
The name of the corporation: MK Legacy Consulting and Services, INC
2. The principal office address: 2330 SW Williston Rd Apt 412, Gainesville FL 32608
3. The mailing address (if different): PO Box 141620, Gainesville FL, 32614
4. Date of incorporation/qualification: <u>February 22, 2023</u> Document number: <u>P22000091052</u>
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)
Derrick Huckleberry
225 E. Robinson Street Suite 570
Orlando, FL 32801
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporation Service Company
P.O. Box NOT acceptable
Tallahassee, FL 32301
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.
Michael K. Gamble, Director Signature of an officer or director Printed or typed name and title
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 locument 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.
alixing Weiland-Sonnson, AVP
Signature of Registered Agent Date
f 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)