P99000024437

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: November	10, 2021	ACCOUNTAL 1200000000		
Name: David S	Shulman			
Reference #:	1499223			
Entity Name:	MAINSTREET CA	PITAL PARTNERS, INC.		
Articles of Incorpo	oration/Authorization to	Transact Business		
Amendment				
✓ Change of Agent	ISSUES? CALL			
Reinstatement		David:		
Conversion		850-270-0082		
Merger				
Dissolution/Witho	Irawal			
☐ Fictitious Name				
Other				
Authorized Amount:	\$35.00			
Signature:	David Shulman			

-1,212,947,7200

+44 (0)20.3786.1090



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088

Date: November	Account#. 12000000000			
Name: David S	Shulman			
Reference #:				
Entity Name:	MAINSTREET CAPITAL PAR	TNERS, INC.		
Articles of Incorpo	oration/Authorization to Transact Bus	iness		
Amendment				
✓ Change of Agent		ISSUES? CALL		
Reinstatement		David:		
Conversion		850-270-0082		
☐ Merger				
☐ Dissolution/Witho	Irawal			
Fictitious Name				
Other				
Authorized Amount:	\$35.00			
Signature:	David Shulman			

+1.212.947.7200

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

statement of che	provisions of sections 607.050 ange is submitted for a corporc er to change its registered offic	ution organized	d under the law	vs of the State	of Florida		
1. The name of	the corporation:	MAINSTR	EET CAPITA	AL PARTNI	ERS, INC.		
	The name of the corporation: MAINSTREET CAPITAL PARTNERS, INC. The principal office address: No Change						
3. The mailing a	address (if different):						
4. Date of incor	poration/qualification:3	/17/1999	Document n	number:	P99000024437		
	d street address of the current r rtment of State: (If resigned, er	-	t and registered	d office on fil	e with the		
	KILO	SALLON, PA	AUL J				
	2101 WEST COM	MERCIAL E	BLVD., SUIT	E 1200	2021 SECI		
	Fort Lauderdale	FL		33309	107 10 2021 NOV 10 3ECRETS (5)	ij	
6. The name and (if changed):	d street address of the new regi		•	/or registered	I office		
	COGE	NCY GLOB	AL INC.	·	— : 		
	77.77 8		eet, Suite 4	—-			
	Tallahassee	P.O. Box NOT acce	Florida	32301			
The street addre as changed will	ess of its registered office and be identical.	the street add	ess of the bus	iness office o	of its registered agent,		
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation ha	ly adopted by is been notifie	its board of di d in writing of	rectors or by the change.	an officer so		
/s/ Paul J Kilgallon			Paul J Kilgallon, President				
Signatu	re of an officer or director		Printed	or typed name an	d title		
f further agree i performance of agent. Or, if thi	the appointment as registered to comply with the provisions my duties, and I am familiar wis document is being filed mer that the corporation has been	of all statutes with and accep ely to reflect a	relative to the of the obligation ochange in the	proper and c on of my posit registered o	complete tion as registered ffice address, I		
/s/ Michael C	Carlisle		11/	10/2021			
Sign	nature of Registered Agent			Date			
If signing on bel	half of an entity:						
Michael Ca	rlisle, Assistant Secretary	/					
Ty	yped or Printed Name						

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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