# I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

PRESIDENT

#### SIGNATURE: NORMAN MCKENZIE

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# J52362

Entity Name: NORMAN MCKENZIE CORPORATION

#### **Current Principal Place of Business:**

12350 SW 132 CT. SUITE 111 MIAMI, FL 33186

#### **Current Mailing Address:**

12350 SW 132 CT. SUITE 111 MIAMI, FL 33186

#### FEI Number: 59-2778542

#### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MCKENZIE, NORMAN 12350 S.W. 132 CT. 111 MIAMI, FL 33186 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

### SIGNATURE:

**Officer/Director Detail :** Title PD Title STD Name MCKENZIE, NORMAN Name MCKENZIE, DAPHNE 12350 S.W. 132 CT SUITE 111 Address 12350 S.W. 132 CT SUITE 111 Address City-State-Zip: MIAMI FL 33186 City-State-Zip: MIAMI FL 33186 Title DIRECTOR MCKENZIE, MICHELLE Name Address 12350 SW 132 CT. SUITE 111 MIAMI FL 33186 City-State-Zip:

Certificate of Status Desired: No

02/23/2024

Date

## FILED Feb 23, 2024 Secretary of State 4115704601CC

Date