| WEST PALM B | EACH, FL 33409 | | | |
|---|---|---------------------------|---|--------------------|
| Current Mai | ling Address: | | | |
| | KEECHOBEE RD #100 I BEACH, FL 33409 US | | | |
| FEI Number: 46-3502402 | | | Certificate of Status Desired: No | |
| Name and A | Address of Current Registered Agent: | | | |
| | ECHOBEE RD #100 EACH, FL 33409 US | | | |
| The above name | d entity submits this statement for the purpose of changing its re | eaistered office or reais | tered agent, or both, in the State of Flor | ida. |
| The above name | | - 9 | 5 / / | |
| | E: KAREN REA | -9 | | 05/01/2018 |
| | | | | |
| | Electronic Signature of Registered Agent | | | 05/01/2018 |
| SIGNATURE | Electronic Signature of Registered Agent | Title | SD | 05/01/2018 |
| SIGNATURE Officer/Dire | E: KAREN REA Electronic Signature of Registered Agent Ctor Detail : | | | 05/01/2018 |
| SIGNATURE Officer/Dire | Electronic Signature of Registered Agent Ctor Detail : PRESIDENT | Title | SD | 05/01/2018 Date |
| SIGNATURE Officer/Dire Title Name | E: KAREN REA Electronic Signature of Registered Agent Ctor Detail : PRESIDENT METZ, JOHN C | Title Name | SD ASARCH, GAIL 1601 BELVEDERE ROAD #407S | 05/01/2018 Date |
| SIGNATURE Officer/Dire Title Name Address | Electronic Signature of Registered Agent Ctor Detail : PRESIDENT METZ, JOHN C 1800 OLD OKEECHOBEE RD #100 | Title Name Address | SD ASARCH, GAIL 1601 BELVEDERE ROAD #407S | 05/01/2018 Date |
| SIGNATURE Officer/Dire Title Name Address City-State-Zip: | Electronic Signature of Registered Agent Ctor Detail : PRESIDENT METZ, JOHN C 1800 OLD OKEECHOBEE RD #100 WEST PALM BEACH FL 33409 | Title Name Address | SD ASARCH, GAIL 1601 BELVEDERE ROAD #407S | 05/01/2018 Date |
| SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title | E KAREN REA Electronic Signature of Registered Agent Ctor Detail : PRESIDENT METZ, JOHN C 1800 OLD OKEECHOBEE RD #100 WEST PALM BEACH FL 33409 T | Title Name Address | SD ASARCH, GAIL 1601 BELVEDERE ROAD #407S | 05/01/2018 Date |

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: JOHN C METZ

05/01/2018

Electronic Signature of Signing Officer/Director Detail

2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P13000070408

Entity Name: MA3HOLDING CORP.

Current Principal Place of Business:

1800 OLD OKEECHOBEE RD #100

FILED May 01, 2018 Secretary of State CC4924367223

Date