### 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.

#### SIGNATURE: CAROL-ANNE LUNSHOF

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# P16000053334

Entity Name: MIRAGE USA SCREEN SYSTEMS, INC.

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

**30 ALMOND DRIVE RUN** UNIT B OCALA, FL 34472

## **Current Mailing Address:**

5455 - 180 STREET SURREY, V3S 5R9 CA

## FEI Number: 81-3059542

# Name and Address of Current Registered Agent:

LUNSHOF, CAROL-ANNE 30 ALMOND DRIVE RUN UNIT B OCALA, FL 34472 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	E: CAROL-ANNE LUNSHOF			03/17/2022
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	CFO, SECRETARY, DIRECTOR	Title	PRESIDENT, DIRECTOR	
Name	LUNSHOF, CAROL-ANNE	Name	MATTHEWS, ROBERT	
Address	5455 - 180 STREET	Address	5455 - 180 STREET	
City-State-Zip:	SURREY V3S 5R9	City-State-Zip:	SURREY V3S 5R9	
Title	DIRECTOR			
Name	PARRY, DAVID			
Address	5455 - 180 STREET			
City-State-Zip:	SURREY V3S 5R9			

CFO

03/17/2022

Certificate of Status Desired: No

#### FILED Mar 17, 2022 Secretary of State 1650049892CC

03/17/2022 Date