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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: REGISTERED AGENT SOLUTIONS INC Account Name

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

nter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

REGISTERED AGENT CHANGE QUATTROMEGA INC.

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COVER LETTER

O 07/07/2022 8:24 AM ·

TO: Amendment Section Division of Corporations QUATTROMEGA INC. SUBJECT: Name of Corporation F16000002301 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Joshua Murphy Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Joshua Murphy Name of Contact Person

→ 18506176380

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

⊙ 07/07/2022 3:24 AM •

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

→ 18506176380

statement of cha	provisions of sections 607.0502, 617. nge is submitted for a corporation or r to change its registered office or re	ganized under the la	ws of the State of _	Delaware		
1. The name of t	the corporation: QUATTROMECO office address: 590 MADISON A	GA INC.	· 			
3. The mailing a	ddress (if different): c/o Berman LLF	, 152 Madison AveS	uite 1903 NEW Y	ORK, NY 10016-548	11	
4. Date of incorp	poration/qualification: 5/19/2016	Document	number: <u>F1600</u> 0	0002301		
	street address of the current register tment of State: (If resigned, enter res		ed office on file wi	th the		
	BLUMBERGEXCELSIOR CO	ORPORATE SER	VICES, INC.			
	155 OFFICE PLAZA DRIVE, 1ST FL					
	TALLAHASSEE,	FL	32301	2022 JUL 3LURE A ALI AHA	7!	
6. The name and (if changed):	street address of the new registered Registered Agent Solut		d /or registered off	PM 3r		
	155 Office Plaza Dr.	Suite A		- 3		
	Tallahassee	Box NOT acceptable FL 3230	1	-		
The street addre as changed will	ss of its registered office and the str be identical.	reet address of the bu	siness office of its	s registered agent,		
Such change wa authorized by th	is authorized by resolution duly ado the board, or the corporation has been	pted by its board of a notified in writing a	directors or by an of the change.	officer so		
/s/ RICH/	ARD BERMAN e of an officer or director	RICHARD B	ERMAN	Authorized Person	n	
I jurther agree t of my duties, an document is bei	the appointment as registered agen o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this chai	statutes retative to th obligation of my pos n the registered offic	e proper and com ition as registered	plete performance I agent. Or, if this by confirm that the		
Hodean	audt-	07/07/2022	2			
Sign	nature of Registered Agent		Date			
If signing on bel	half of an entity:					
	Assistant Secretary					
ту	ped 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)