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

Account#: 120000000088 November 09, 2021 **David Shulman** Name:___ Reference #:_____ 1496390 PRODUCTSUP CORP Entity Name:____ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent **ISSUES? CALL** Reinstatement David: 850-270-0082 Conversion ☐ Merger ☐ Dissolution/Withdrawal Fictitious Name Other _____ Authorized Amount. \$35.00 David Shulman

-1,212,947,7200

Signature:



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Account#: 120000000088 November 09, 2021 David Shulman Name: 1496390 Reference #:____ PRODUCTSUP CORP Entity Name:____ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent **ISSUES? CALL** Reinstatement David: 850-270-0082 Conversion Merger Dissolution/Withdrawal Fictitious Name __ Other _____ Authorized Amount: \$35.00 David Shulman

Signature:

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

statement of cha	provisions of sections 607.0 nge is submitted for a corp	oration organize	d under the law	s of the State	ofDelaware		
in order	to change its registered o	ffice or registered	l agent, or both	, in the State	of Florida.		
1. The name of the corporation: PRODUCTSUP CORP							
2. The principal office address: 54 W 40th Street New York, NY 10018							
3. The mailing a	ddress (if different):						
4. Date of incorp	oration/qualification;	04/27/2021	Document n	umber:	F21000002311		
	street address of the current of State: (If resigned		nt and registered	d office on fil	e with the		
	BUSINESS	FILINGS INC	ORPORATI	ED	202 SE		
	1200 SO	UTH PINE ISI	LAND ROAD)	PST NOV		
PLAANTATION, FL 33324							
6. The name and (if changed):	street address of the new r	registered agent (if changed) and	/or registered	d office 8. 2		
COGENCY GLOBAL INC.							
	115 Nor	th Calhoun St	reet, Suite 4				
	P.O. Box NOT acceptable						
	Tallahass	ee	Florida	32301			
The street addre	ss of its registered office a be identical.	and the street ado	lress of the bus	iness office o	of its registered agent,		
Such change wa authorized by th	s authorized by resolution e board, or the corporation	duly adopted by has been notifie	its board of died in writing of	rectors or by the change.	an officer so		
/s/Vincent Peters Vincent Peters, President and Dir							
I hereby accept I further agree t performance of agent. Or, if thi	e of an officer or director the appointment as registe o comply with the provisio my duties, and I am famili s document is being filed i that the corporation has b	ons of all statutes ar with and acce merely to reflect	gree to act in the relative to the pt the obligation of change in the	his capacity. proper and on of my posi registered o	complete ition as registered		
/s/Tracy Giumarra			11/09/2021				
Signature of Registered Agent			Date				
If signing on bel	half of an entity:						
Tracy Gium	arra, Assistant Secret	ary					
Ту	ped or Printed Name						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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