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Division of Corporations

Fax Number : (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023

Phone : (614)280-3338 Fax Number : (954)208-0845

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

60

Email Address:

REGISTERED AGENT CHANGE GLOBAL MERCHANT FINANCE INC.

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

statement of cha	provisions of sections 607.0502, 617.05 nge is submitted for a corporation orgo r to change its registered office or regi	unized under the laws of the State of $\overline{\mathrm{D}}$	elaware	<u> </u>
1. The name of t	he corporation: GLOBAL MERCHANI	' FINANCE INC.		
2. The principal	office address: 20807 BISCAYNE BLV	D#203 AVENTURA, FL 33180		
3. The mailing a	ddress (if different):			
	poration/qualification: 01/25/2019			
5. The name and	I street address of the current registered tment of State: (If resigned, enter resigned)	agent and registered office on file with		
	CRIS NEELY			
	20807 BISCAYNE BLVD #203			
	AVENTURA, FL 33180			
6. The name and street address of the new registered agent (if changed) and /or registered offic (if changed):		ee	7.31	
	CT Corporation System			1
	1200 South Pine Island Road		12) (1)	PH
	P.O. E Plantation, Florida 33324	Box NOT acceptable	E FIE	PH 4: 24
The street addre	ess of its registered office and the street be identical.	et address of the business office of its	registered	d agent,
Such change wa authorized by th	is authorized by resolution duly adopt the board, or the corporation has been i	ed by its board of directors or by an onotified in writing of the change.	ifficer so	
	nise Bell	Denise Bell - Atty in Fact		
Thereby accept	the appointment as registered agent of the appointment as registered agent of comply with the provisions of all study I am familiar with and accept the orng filed merely to reflect a change in the orn notified in writing of this change is seen notified in writing of this change.	Philed or typed name and talk and agree to act in this capacity, antites relative to the proper and comp bligation of my position as registered the registered office address, I hereby te.	olete nerk	ormance or, if this that the
C i Corporation	How Water	5/14/2021		
Sig	nature of Registered Agent	Daix		
If signing on be	half of an entity:			
Chloe Alpert - A	···			
T)	sped 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)

By: