Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000319631 3)))



H210003196313ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011

Phone

: (844)386-9178

Fax Number

: (214)317-4754

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

| Email | B -4-4 | inac | |
|-----------|--------|------|----|
| 2 M 2 1 1 | ann | IPAC | Ε. |
| | | | |

REGISTERED AGENT CHANGE TRANSLATIONS.COM, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$35.00 |

29

Electronic Filing Menu

Corporate Filing Menu

Help, well

To: 18506176380 From: 14693173436 Date: 08/25/21 Time: 3:56 PM Page: 02/02

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

| FOR CORFO | ALIONS | | ((1210002106212 |
|----------------------------------------------------------|------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| | | 02, 617.0502, 607.1508, or 617.1508, Florida | |
| | • | ation organized under the laws of the State of | |
| DE in orde | er to change its registered offic | ce or registered agent, or both, in the State of l | Florīdā. |
| 1. The name of (| the corporation: TRANSLATE | IONS.COM, INC. | |
| 2. The principal | office address: | | |
| | . 7th FL, New York, NY 10001 | | |
| 3. The mailing a | address (if different): | | |
| 4. Date of incorp | poration/qualification: 08-14-2 | Document number: F000000 | 04567 |
| | d street address of the current r rtment of State: (If resigned, er | registered agent and registered office on file winter resigned) | ith the |
| | CAPITOL CORPORATE SEI | RVICES, INC. | |
| | 515 EAST PARK AVENUE 2 | 2ND FL | |
| | TALLAHASSEE, FL 32301 | | _ |
| 6. The name and (if changed): | d street address of the new reg | sistered agent (if changed) and /or registered of | |
| | LEGALINC CORPORATE SI | ERVICES INC. | 1021 |
| | 5237 SUMMERLIN COMMO | ONS BLVD, SUITE 400 | 2021 AUG 26 TALL AHAS |
| | | P.O. Box NOT acceptable | TAY 26 |
| | FORT MYERS, FL, US, 3390 | | |
| The street addresses changed will | ess of its registered office and be identical. | d the street address of the business office of it | ta registered agent |
| Such change wa authorized by th | as authorized by resolution du ne board, or the corporation h | uly adopted by its board of directors or by an as been notified in writing of the change. | officer so |
| Roy | Trigillo | Roy Trujillo, COO | |
| Signatui | re of an officer or director | Printed or typed name and to | ile |
| i juriner agree i of my duties, an document is bei | to compiy with the provisions | ed agent and agree to act in this capacity, is of all statutes relative to the proper and con ept the obligation of my position as registere hange in the registered office address. I here this change. | nplete performance d agent. Or, if this by confirm that the |
| 'X./ | | 8/25/2021 | |
| Sign Sign | nature of Registered Agent | Date | |
| (Esigning on hel | half of an entity: | | |
| anna manuk | • | (((H210003196313 |))) |
| | yped or Frinted Name | | |

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