| Name and A | Address of Current Registered Agent: | | |
|---|---|-----------------------------|---------------------------------|
| OVIES, IDA C 3785 NW 82ND 302 DORAL, FL 33 | | | |
| The above name | d entity submits this statement for the purpose of changing | its registered office or re | gistered agent, or both, in the |
| SIGNATURE: IDA OVIES | | | |
| | Electronic Signature of Registered Agent | | |
| Authorized | Person(s) Detail : | | |
| Title | MGR | Title | MGR |
| Name | KOSYK, ALEX S | Name | KOSYK, ALVARO H |
| Address | PO BOX 310310 | Address | PO BOX 310310 |

Current Mailing Address:

335 S BISCAYNE BLVD APT 4000

MIAMI, FL 33131

PO BOX 310310 MIAMI, FL 33231-0310 US

City-State-Zip: MIAMI FL 33231-0310

FEI Number: 75-3043299

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Entity Name: A K CREATIVE GROUP LLC

Current Principal Place of Business:

The agent, or both, in the State of Florida.

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALEX KOSYK

MANAGER

City-State-Zip: MIAMI FL 33231-0310

04/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

FILED Apr 08, 2019 Secretary of State 9169604686CC

> 04/08/2019 Date

Certificate of Status Desired: No

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L0200006895

Date