Authori	zed Person(s) Detail :			
Titlo		Title	CEO	

Title	AUTHORIZED PARTNERSHIP	Title	CFO
Name	MAX'T HOLDINGS, INC	Name	OLTAIN, DICKSON
Address	1201 WEST PEACHTREE STREET, NW	Address	4125 LAKESIDE DR
City-State-Zip:	SUITE 2300 ATLANTA GA 30309	City-State-Zip:	TAMARAC FL 33319
Title	AUTHORIZED MEMBER		
Name	OLTAIN, NIMSCHIE		
Address	4531 NE 1ST TER		
City-State-Zip:	POMPANO BEACH FL 33064		

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.

CFO

SIGNATURE: DICKSON OLTAIN

Electronic Signature of Signing Authorized Person(s) Detail

Current Principal Place of Business:

4301 S FLAMINGO RD STE 106 DAVIE, FL 33330

## **Current Mailing Address:**

DOCUMENT# L16000200759

Entity Name: NEXUS FINANCIAL LLC

1201 WEST PEACHTREE STREET, NW SUITE 2300 ATLANTA, GA 30309 US

## FEI Number: 37-1842326

SIGNATURE: DICKSON OLTAIN

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MAXT HOLDINGS, INC 4301 S FLAMINGO RD STE 106 DAVIE, FL 33330 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

## FILED May 19, 2021 Secretary of State 8448808978CC

Certificate of Status Desired: No

05/19/2021

05/19/2021

Date

Date