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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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Page: 4 of 4

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

In order to change its registered office or registered agent, or both, in the State of Florida 1. The name of the corporation: 133 SEVILLE AVENUE	statement of chai	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Singe is submitted for a corporation organized under the laws of the State of _	Delaware
2. The principal office address: 153 SEVILLE AVENUE CORAL GABLES, FL 33134 3. The mailing address (if different): P.O. BOX 140668, CORAL GABLES, FL 33114-0668 4. Date of incorporation/qualification: 02/23/2010 Document number: F10000000924 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned) M.J.F. REGISTERED AGENT CORP 153 SEVILLE AVENUE CORAL GABLES, FL 33134 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): C T Corporation System 1200 South Pine Island Road P.O. How NOT acceptable Plantation, Florida 33324 The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change. MANUEL PRIOR - EXECUTIVE DIRECTOR Plantate of the appointment as registered agent and ogree to act in this capacity. I further agree to do omply with the provisions of all statutes relative to the proper and complete performance of my duties, and I and familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed meterly to reflect a change in the registered affice address. Thereby confirm that the corporation has been notified in writing of this change. C T Corporation System 02/02/2023			101100
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	C i Corporation		
If signing on behalf of an entity:	Sig	gnature of Registered Agent Date	
	If signing on be	chalf of an entity:	
Lanie Bell		Danise Bell	
Typed or Printed Name * * * FILING FEE: \$35.00 * * *	Т	,,	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

By: