

OCT 2 8 2020 D CONNELL

ØŊ

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: ACCELERATION EMARKETING, INC.

2. The principal office address: 175 Greenwich Street, 31st Fl, New York, NY 10007

3. The mailing address (if different): 175 Greenwich Street, 31st Fl, New York, NY 10007

4. Date of incorporation/qualification: 06/28/2010 Document number: F10000002924

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)

INCORPORATING SERVICES, LTD.

1540 GLENWAY DR

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Corporate Creations Network Inc.	14. (m) 24. (H)	CT	· •
801 US Highway 1	5 P 5 P	27	["""
P.O. Box NOT acceptable		υ	
North Palm Beach, FL 33408		\sim	\circ

The street address of its registered office and the street address of the business office of igregistered 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.

inguinte of an officer or director

Carlos M Alvarez, Attorney-in-Fact Printed or typed name and fale

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

10/26/2020

Date

If signing on behalf of an entity:

Carlos M Alvarez, Special Manager

Typed 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)