Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL IN

Account Number : 110432003053

Phone : (561)694-8107 Fax Number : (561)214-8442

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

Email	Address:			<u>.</u>			
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REGISTERED AGENT CHANGE E D & F MAN CAPITAL MARKETS INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Statutes, this or organized under the laws of the State of New York or registered agent, or both, in the State of Florida.					
	the corporation: ED & FMAN C/						
2. The principal NEW YORK, N	office address: 140 EAST 45TH S Y 10017	TREET, 10TH FLOOR					
3. The mailing a	ddress (if different): 801 BRICKE	ELL AVENUE, SUITE 1450 MIAMI, FL 33131					
4. Date of incorp	poration/qualification: 12/12/2013	Document number: F13000005359					
5. The name and		stered agent and registered office on file with the					
	MCCARTHY, PETER J.						
	13915 OLD COAST ROAD UNIT	2023 FEB					
	NAPLES, FL 34110						
6. The name and (if changed):	and street address of the new registered agent (if changed) and /or registered office						
	United Agent Group Inc.						
	S01 US Highway 1						
	P.O. Box NOT acceptable						
	North Palm Beach, FL 33408						
The street addre as changed will	ess of its registered office and the be identical.	street address of the business office of its registered agen					
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors or by an officer so been notified in writing of the change.					
\mathcal{A}_{i}	illey Perkins	Ashley Perkins, Attorney-in-Fact					
I haraby accout	the appointment as registered ay to comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chang been notified in writing of this c	Printed or typed name and little gent and agree to act in this capacity. all statutes relative to the proper and complete performant the obligation of my position as registered agent. Or, if th the in the registered office address, I hereby confirm that the hange.					
	Achley Perkins	2/6/2023					
	nature of Registered Agent	Date					
If signing on be	half of an entity:						
Ashley Perkins, S	Special Secretary						
T	sped 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)