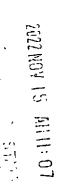
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ALLAHASSEE, FLUE

A. BUTLER NOV 16 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 024016 8334108
AUTHORIZATION : Francis Black
COST LIMIT : \$ 35.00
ORDER DATE : October 12, 2022
ORDER TIME : 9:22 AM
ORDER NO. : 024016-035
CUSTOMER NO: 8334108
CHANGE OF AGENT
NAME: M MANAGEMENT, INC
Made. If Partitionally Inc
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY
XX PLAIN STAMPED COPY
CONTACT DEDCOM. Eviliana Pakon
CONTACT PERSON: Eyliena Baker
EXAMINER'S INITIALS:

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

statement of ch	e provisions of sections 607.0502, 6 nange is submitted for a corporation ler to change its registered office or	organized under the law	s of the State of NJ
	the corporation: M MANAGEMENT		•
_	office address:		
	address (if different): 215 COLES \$	ST. JERSEY CITY, N.I 0	7310
	poration/qualification: 12/26/2013		umber:F14000000095
5. The name an	d street address of the current register rtment of State: (If resigned, enter re	ered agent and registered	
	Chung, Jay		22
	318 N.W. 23 STREET		2022 NOV
	Miami,	FL	33127
6. The name and (if changed):	i street address of the new registered	l agent (if changed) and /	
	Corporation Service Company		
	1201 Hays Street		. ,
		O. Box NOT acceptable	
	Tallahassee	FL 3	32301
The street addre as changed will	ss of its registered office and the st be identical.	reet address of the busin	ness office of its registered agen
Such change wa authorized by th	s authorized by resolution duly add e board, or the corporation has bee	opted by its board of dire in notified in writing of t	ectors or by an officer so he change.
4		Moishe Mana	
	an officer or director		r typod name and title
document is bein corporation has	he appointment as registered agen to comply with the provisions of all. I I am familiar with and accept the g filed merely to reflect a change it been notified in writing of this char Service Campany	n the remistered office of	s capacity. roper and complete performand n as registered agent. Or, if th ddress, I hereby confirm that th
3y: Who	<u> </u>	11/15/202	22
_	iture of Registered Agent		Date
f signing on beh	alf of an entity:		
irace E. Kirby, A	sst. Vice President		
Тур	ed or Printed Name		

\* \* \* FILING FEE: \$35.00 \* \* \*