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NOV 08 1921 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 138155 8350571

AUTHORIZATION

COST LIMIT

ORDER DATE : October 18, 2021

ORDER TIME : 1:24 PM

ORDER NO. : 138155-015

CUSTOMER NO: 8350571

CHANGE OF AGENT

NAME:

KINGSTON DATA & CREDIT

INTERNATIONAL INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

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. ange is submitted for a corporation ler to change its registered office or	organized under the la	iws of the State o	f Ontario
	the corporation: KINGSTON DATA			
	office address: 498 EAGLE STRE			N3H1C
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 01/06/2016	Document	number: []	CODDOO
5. The name an	d street address of the current register rtment of State: (If resigned, enter re	ered agent and registers		
	CORPORATE CREATIONS NET	TWORK, INC.		
	801 US HIGHWAY 1			2021 k/0½ - .5
	NORTH PALM BEACH, FL 3340	8		- 107
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and	d /or registered of	ffice
	Corporation Service Company			. 🔅
	1201 Hays Street			17
		O. Box NOT acceptable		_
	Tallahassee	FL	32301	_
The street addre as changed will	ss of its registered office and the st be identical.	reet address of the bus	siness office of it	ts registered agent,
Such change wa authorized by th	s authorized by resolution duly add e board, or the corporation has bee	opted by its board of d in notified in writing o	rectors or by an fithe change.	officer so
		Blair DeMarco-W	Vettlaufer	President
_	of an officer or director	Printe	or typed name and to	ile
/1 /	he appointment as registered agen to comply with the provisions of all I I am familiar with and accept the Ig filed merely to reflect a change i been notified in writing of this cha Service Company	it and agree to act in the statutes relative to the obligation of my posit of the registered officenge.	his capacity. proper and com ion as registered address, I hereb	plete performance 1 agent. Or, if this ny confirm that the
By: Cylumn (Translati	October 28, 202	1	
	iture of Registered Agent	· · · · · · · · · · · · · · · · · · ·	Date	
If signing on beh	alf of an entity:			
Тур	ed or Printed Name			

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