Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000046775 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

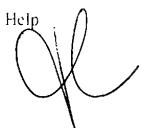
Enter the email address for this business entity to be used for futur annual report mailings. Enter only one email address please. *

Email	Address:
-------	----------

REGISTERED AGENT CHANGE ED & F MAN SERVICES INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu



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

statement of char	nge is submitted for a	corporation organiz	, 607,1508, or 617.1508, Florida Sta ted under the laws of the State of <u>De</u> ted agent, or both, in the State of Flor	laware	
	ne corporation: ED &		•		
2. The principal of NEW YORK, NY	office address: 140 EA	ST 45TH STREET.	10TH FLOOR		
3. The mailing a	Idress (if different): _				
4. Date of incorporation/qualification: 02/09/2016 Document number: F1600000				900	
5. The name and		rurrent registered ag	ent and registered office on file with		
	MCCARTHY, PETER	J.			
	13915 OLD COAST R	ROAD, UNIT 1201		2023 (1)	
	NAPLES, FL 34110				2023 FEB
6. The name and (if changed):	street address of the r	new registered agent	(if changed) and /or registered office	HASSEE	9
	United Agent Group Ir	ne.			AM 10: 13
	801 US Highway 1			ret res	င်ာ
			NOT acceptable		
	North Palm Beach, FL	33408			
The street address as changed will	ss of its registered off be identical.	lice and the street a	ddress of the business office of its re	egistered	agent.
Such change wa authorized by th	s authorized by resolute board, or the corporate	ution duly adopted l ration has been noti	by its board of directors or by an officed in writing of the change.	ficer so	
;	Ashley Perline		Ashley Perkins, Attorney-in-Fact		
Signatur	e of an officer or director		Printed or typed name and title		
l furthër aorëe t	a cominty with the pro	svisions of all statu	agree to act in this capacity es relative to the proper and compl ation of my position as registered a registered office address. I hereby o	ete perfor gent. Or, confirm th	mance if this rat the
Od. L	ley Perkins		2/6/2023		
Sign	ature of Registered Agent		Date		
If signing on bel	nalf of an entity:				
Ashley Perkins, S	pecial Secretary				
Ту	ped 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)

O I then then I