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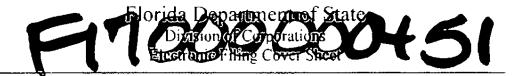
2021-04-30 08:47:12 CST

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From: Ranae McGraw

4/30/2021

Division of Corporations



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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

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## REGISTERED AGENT CHANGE BITFLYER USA, INC.

	بسيب كالنادار بالمتاليط فيجرج ويسبب
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 o	rganized under the laws of the State of <u>CA</u> egistered agent, or both, in the State of Florida.
1. The name of t	he corporation: BITFLYER USA, IN	cc.
2. The principal	office address: 548 Market Street. Sat	r Francisco, CA 94104
	ddress (if different):	
4. Dateofincorpo	prporation/qualification: 01/30/2017 Document number: F17000000451	
	street address of the current register tment of State: (If resigned, enter res	red agent and registered office on file with the igned)
	INCORP SERVICES, INC.	
	17888 67TH COURT NORTHLOXA	MIATCHEE, FL 33470
6. The name and (ifchanged):	street address of the new registered	agent (if changed) and /or registered office
	C T Corporation System	~ ~ ~
	1200 South Pine Island Road	
	Plantation, Florida 33324	O Box NOT acceptable
The street addre	ess of its registered office and the st be identical.	reet address of the business office of its registered agent,
Such change wa authorized by th	s authorized by resolution duly added board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.
David Eachs	•	David Zacks
Andr Coo	e of an officer or director	Printed or typed name and title
of my duties, and document is bein	d I am familiar with and accept the ng filed merely to reflect a change ; been notified in writing of this cha	nt and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the inge.
C. I Corporation	Jan M. Hy	04/12/2021
Sign	nature of Registered Agent	Date
If signing on bel	half of an entity:	
James Halpin; As	ssistant Secretary	
Ty	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)

By: