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H230001009573ABC

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

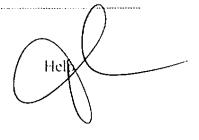
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE FOPE USA INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

15129570210

FOPE USA INC. SUBJECT: Name of Corporation F17000000679 DOCUMENT NUMBER:

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo		20
Name of Contact Person	;;;	2023 MAR 16
Registered Agent Solutions, Inc.	;; <u>-</u>	
Firm/Company	2-	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	σ
Address	• • • • • • • • • • • • • • • • • • • •	\equiv
Austin, Texas 78735		5
City/State and Zip Code		AM 10: 25
E-mail address: (to be used for future annual report notification)	_	
For further information concerning this matter, please call:		
Mary Castillo		
Name of Contact Person Area Code & Daytime Tel	lephone N	ишрег

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

H230001009573

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

statement of che	provisions of sections 607,050; inge is submitted for a corporat er to change its registered office	tion organized und	ler the la	ws of the State of	Delawa		
1. The name of	the corporation: FOPE US	SA INC.					
2. The principal	office address: 2500 Nor	th Military	Trail S	Suite 210			
	aton, FL 33431						
	iddress (if different); c/o Funar						3131
4. Date of incor	poration/qualification: 2/13/	2017 _D	ocument	number: F170	00000	679_	
	d street address of the current re rtment of State: (If resigned, ent		l registere	ed office on file w	ith the		
	Funaro & Co., I	P.C.					
	1221 Brickell Avenue		Suite	1160		~>	
	Miami		FL	33131	- - -	2023 MAR 16	u H
tif changed:						R 16 AH 10:	
	155 Office Plaza		uite A		-	2	1-455
	Tallahassee	P.O. Box NOT acci			_	S	
The street addreas changed will	ess of its registered office and the identical.	the street address	of the bu	siness office of i	- ts registere	ed agent,	
	as authorized by resolution dul he board, or the corporation ha						
15/ Janelle (Couls re of an officer or director	J <u>ane</u>	lle Co	outs Ed or typed name and to	Secret	ary	
I hereby accept I further agree of my duties, an document is bei	the appointment as registered to comply with the provisions of the differential and acception of the angle and the filed merely to reflect a chast to been notified in writing of thi	of all statutes rela of the obligation a inge in the registe	to act in tive to th	this capacity, we proper and con inon as revistere	nplete perj d avent (n, a ms	
Ma	الل زوم	03/	16/20	23			
Sig	nature of Registered Agent			Date			
If signing on be	half of an entity:						
	er, Assistant Secretary						
T;	yped or Printed Name *** F[]	LING 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)