F17000001281

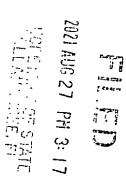
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Office Use Only



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A. Butter 918/21

COVER LETTER

Amendment Section Division of Corporations

TO:

SUBJECT: Change of Registered Agent - 8BASE INC Name of Corporation					
Name of Corporation					
DOCUMENT NUMBER: F17000001281					
The enclosed Statement of Change of Registered Offi	ice/Agent and fee are submitted for filing.				
Please return all correspondence concerning this matt	er to the following:				
Karel Montes					
Name of Contact Person	<u> </u>				
8base Inc					
Firm/Company					
PO Box 227421					
Address					
Miami, FL 33222					
City/State and Zip Code					
karel.montes@8base.com					
E-mail address: (to be used for future annual repo	ort notification)				
For further information concerning this matter, please	call:				
Karel Montes	984-7836				
Name of Contact Person	at (305) 984-7836 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Depa	ertment 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)

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

statement of cha	provisions of sections 607.0302, 617 inge is submitted for a corporation o er to change its registered office or re	rganized under the laws of th	e State of Delay	vare
1. The name of	the corporation: 8BASE INC			
2. The principal	office address: 2222 Ponce de Leon E	Boulevard, Coral Gables, FL, 33	3134	
3 The mailing a	address (if different): PO Box 227421	, Miami, FL, 33222		
	poration/qualification: March 20, 201		F17000001281	
5. The name and	I street address of the current register truent of State: (If resigned, enter res	red agent and registered office		
	Albert Santalo			
	6600 SW 127 Street			
	Pinecrest, FL 33156			202
6. The name and (if changed):	Pinecrest, FL 33156 I street address of the new registered	agent (if changed) and /or reg	gistered office	
	Karel Montes		<u> </u>	
	9715 Fontainebleau Blvd, Apt 305		STA	
	Miami, FL 33172	O. Box NOT acceptable		Ţ
The street addre	ess of its registered office and the st be identical.	reet address of the business of	office of its regi	istered agent,
_	as authorized by resolution duly add ne board, or the corporation has bee			
Gelied C. S	tale.	Albert Santalo, Director	r - Founder & CE	:O
Signatu	e of an officer or director	Printed or type	ed name and title	
l hereby accept l furthér agree i of my duties, an document is bei corporation has	the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change to been notified in writing of this cha	nt and agree to act in this cap statutes relative to the prope obligation of my position as in the registered office addre nge.	pacity. Fr and complete Fregistered age Ess, I hereby con	performance nt. Or if this afirm that the
Plans	J.	August 24, 2021		
Sign	nature of Registered Agent	Da	ate	
f signing on be	half of an entity:			
	ped or Printed Name			
	* * * FILING	G FEE: \$35.00 * * *		