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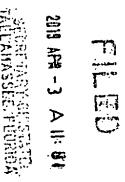
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Office Use Only



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APR 11 2019
T. LEMIEUX

COVER LETTER

TO:	Amendment Section Division of Corporations			•
SUBJ	_{ECT:} Manage My Net W			
DOC	UMENT NUMBER: F1900000095	Name of Corpo 5	ration 	
The e subm	nclosed Affidavit by Foreign Corporation	on to Change	/Add Offic	er(s) and/or Director(s) and fee are
Please	e return all correspondence concerning the	his matter to t	he followir	ng:
An	upam Satyasheel			
	Name of Contact Person		-	
Ма	nage My Net Worth Ir	nc		
	Firm/Company		-	
20	1 N Charles St. Suite 2	2406		
	Address		-	
Bal	ltimore MD 21201			
	City/State and Zip Code		-	
fina	ance@occamsadvisor	v.com		
	-mail address: (to be used for future annual	•	tion)	
For fu	orther information concerning this matter	, please call:		
Anı	upam Satyasheel	310	8553	372
	Name of Contact Person	Area Code	& Daytime	Telephone Number
Enclo	sed is a check made payable to the Flori	da Departmen	t of State f	or the following amount:
	\$35.00 Filing Fee \$43.75 Filing Fee & Certificate of Status	Certific	Filing Fee & ed Copy is ed)	\$52.50 Filing Fee. Certificate of Status & Certified Copy (Additional copy is enclosed)
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Amend Divisio Clifton 2661 E	Address: ment Section on of Corpo Building xecutive C	enter Circle



FLORIDA DEPARTMENT OF STATE **DIVISION OF CORPORATIONS**

AFFIDAVIT BY FOREIGN CORPORATION TO CHANGE/ADD OFFICER(S) AND/OR DIRECTOR(S)

(Note: Applicable only duri	ng the first calendar year of qualification)			
1. The name of the foreign corporation as it a MANAGE MY NET WORTH	appears on the records of the Florida Department of State is:			
2. This entity was authorized to transact business in Florida on 02/15/2019 and its Florida docume number is F19000000955				
3. This corporation was formed under the law	vs of New Jersey			
4. The name and address of each officer and	/or director is as follows:			
Title: CEO	Name and Address Anupam Satyasheel			
	201 AN A TO			
	हिंही भ			
				
(Attach additi	onal pages if necessary)			
Signature of an officer or director	CEO Title of person signing			
Anupam Satyasheel yped or printed name of person signing	FILING FEE \$35			

Make checks payable to Florida Department of State and Mail to: Division of Corporations PO Box 6327 Tallahassee, FL 32314

CR2E127 (8/08)