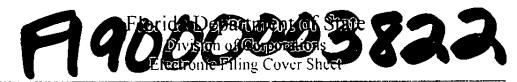
Division of Corporations



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: (850)617-6380

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-333B

Fax Number

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REGISTERED AGENT CHANGE ASSETWORKS RISK MANAGEMENT INC.

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

4

statement of cha	nge is submitted for a corpor	102, 617.0502, 607.1508, or 617.1508, Flore ration organized under the laws of the State ice or registered agent, or both, in the State	of DE	
1. The name of	the corporation: ASSETWORI	KS RISK MANAGEMENT INC.		-
2. The principal				
3. The mailing a	address (if different):			
4. Date of incor	00003822			
	d street address of the current rtment of State: (If resigned, o	registered agent and registered office on fil enter resigned)	P . 1	
	CORPORATE CREATIONS	NETWORK INC.	20 /	
	801 US HIGHWAY INORTI	H PALM BEACH, FL 33408	2020 APR -9	
6. The name an (ifchanged):	d street address of the new re	- 	and	
	C T Corporation System			
	c/o C T Corporation System.	1200 South Pine Island Road	_	
	Plantation, Florida 33324			
		nd the street address of the business office		ı,
Such change wanthorized by t	as authorized by resolution on the board, or the corporation	duly adopted by its board of directors or by has been notified in writing of the change.	an officer so	
BALL	2 Kath	Brian Beattie, Authorized Signa	atory	
I hereby accept I further agree performance of agent. Or if the	to comply with the provision I my duties, and I am familia ais document is being filed m	Printed or typed name a red agent and agree to act in this capacity, as of all statutes relative to the proper and r with and accept the obligation of my posserely to reflect a change in the registered of notified in writing of this change. 4/9/2020	complete ition as registered	
Sig	gnature of Begistered Alfred 'ehalf of an Assistant			
	Typed or Printed Name	FILING FEE: \$35.00 * * *		