Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Pax Number : (561)694-1639

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

Email Address:

REGISTERED AGENT CHANGE MAN INVESTMENTS USA HOLDINGS INC.

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APR - 7 2020

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617. ange is submitted for a corporation organized under the laws o	of the State of Delaware
	er to change its registered office or registered agent, or both, i	in the State of Florida.
1. The name of the	the corporation: Man Investments USA Holdings Inc.	
2. The principal New York, New	l office address: 452 Fifth Avenue, 27th Floor York 10018	
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 10/09/2019 Document num	mber: F19000004541
	d street address of the current registered agent and registered c rtment of State: (If resigned, enter resigned)	office on file with the
	Corporation Service Company	202
	1201 Hays Street	2020 ATT
	Tallahassec, FL 32301	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /o	or registered office
	Corporate Creations Network Inc.	57
	801 US Highway 1	
	P.O. Box NOT acceptable	
	North Palm Beach, FL 33408	
The street addre as changed will	ess of its registered office and the street address of the busin I be identical.	ess office of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of dire he board, or the corporation has been notified in writing of t	ectors or by an officer so he change.
	Solomon Kuckelma	an
I hereby accept to I further agree to of my duties, and document is bein	the appointment as registered agent and agree to act in this to comply with the provisions of all statutes relative to the part I am familiar with and accept the obligation of my position in the merely to reflect a change in the registered office as been notified in writing of this change.	n typed name and title s capacity. nroper and complete performance on as registered agent. Or, if this ddress, I hereby confirm that the
A G	April 6, 2020	
If signing on bel	chalf of an entity:	Date
Seen Any	yped 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)