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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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 BROOKLINE MEDIA INC.

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7/11/22

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To: FL DIVISION OF CORPORATIONS

18886118813

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

statement of cha	nge is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida Stat on organized under the laws of the State of <mark>Del</mark> or registered agent, or both, in the State of Flor	aware	
1. The name of t	he corporation: Brookline Media	ı lne.		
2. The principal	office address: 701 BRICKELL A	AVE STE 1550, MIAMI, FL 33131		
3. The mailing a	ddress (if different):			
4. Date of incorp	ooration/qualification: 07/29/202	Document number: F200000033	10	
	I street address of the current regiment of State: (If resigned, ento	gistered agent and registered office on file with erresigned)	the	
	HESLEY, GARRETT			
	701 BRICKELL AVE STE 1550)	<i>₹.,</i> 29	
	MIAMI, FL 33131		2022 JUL	Τ,
6. The name and street address of the new registered agent (if changed) and/or registered offic (if changed):		2		
	Vcorp Services, LLC		· · · · · · · · · · · · · · · · · · ·	
	1200 South Pine Island Road		30 S	C
		P.O. Box NOT acceptable	∰. Q	
	Plantation, FL 33324			
		the street address of the business office of its r		
Such change wa authorized by the	as authorized by resolution dul- ne board, or the corporation has	y adopted by its board of directors or by an of s been notified in writing of the change.	ficer so	
B	_	Jayson Nayagam, Secretary		
I haveby accept I further agree of my duties, an document is be	re of an officer of director the appointment as registered to comply with the provisions of the land familiar with and accep- ing filed merely to reflect a cha s been notified in writing of this	Printed or typed name and title agent and agree to act in this capacity, of all statutes relative to the proper and compl of the obligation of my position as registered of inge in the registered office address, I hereby s change.	lete performance avent. Or. if this	
Ju _t	9-1038	07/05/2022		
Sig	nature of Registered Agent	Date		
If signing on be	chalf of an entity:			
Taylor Lolya, Sc	cretary of Veorp Services, LLC			
1	yped or Printed Name			

* * * FILING FEE: \$35.00 * * *