Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000224160 3)))

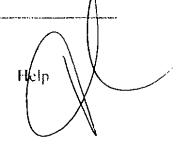


H230002241603ABCU

To:			
	Division of Corporations		
	Fax Number : (850)617-6380		
From:			7
, , ,	Account Name : C T CORPORATION SYSTEM	4	
	Account Number : FCA000000023		
	Phone : (954)208-0845		
	Fax Number : (614)573-3996		
an	the email address for this business entitional report mailings. Enter only one emai		
an			
an	REGISTERED AGENT CH	l address pleas	
an	nual report mailings. Enter only one emai	l address pleas	
an	REGISTERED AGENT CH. SPOTNANA TECHNOLOGY [Certificate of Status]	i address pleas ANGE Y, INC.	
an	REGISTERED AGENT CH. SPOTNANA TECHNOLOGY Certificate of Status Certified Copy	ANGE Y, INC.	
an	REGISTERED AGENT CH. SPOTNANA TECHNOLOGY [Certificate of Status]	i address pleas ANGE Y, INC.	

Electronic Filing Menu

Corporate Filing Menu



To:

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

	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes		
	ange is submitted for a corporation organized under the laws of the State of Delawar er to change its registered office or registered agent, or both, in the State of Florida.		
1. The name of t	the corporation: Spotnana Technology, Inc.		
2. The principal	New York, NY 10006		
3. The mailing a	address (if different):		
	poration/qualification: 01/11/2021 Document number: F21000000212		
	d street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)		
	Incorporating Services, Ltd.		
	1540 Glenway Dr.	2	
	Tallahassee, FL 32301	023	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office	2023 JUN 23 AM 10: 1	
	C T Corporation System	<i>in</i> → ≥	
	1200 South Pine Island Roud	- 5	
	Plantation, Florida 33324	_	
The street addre	ess of its registered office and the street address of the business office of its regist I be identical.	ered agent,	
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer he board, or the corporation has been notified in writing of the change.	so	
Luga	Sarosh Waghmar, CEO Printed or typed name and title		
	t the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete p nd I am familiar with and accept the obligation of my position as registered agent ing filed merely to reflect a change in the registered office address, I hereby confi s been notified in writing of this change.		
Sign	ynature of Registered Agent Date		
If signing on be	ehalf of an entity:		
•	RICK, ASSISTANT SECRETARY		
Ţ,	Typed or Printed Name		
	* * * FILING FEE: \$35.00 * * *		
M. CR2E045 (04/13)	MAKE CHECKS PAYABLE TO FLORIDA DIPARIMENT OF STATE IAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314		

By: