## Florida Department of State

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(((H22000352565 3)))



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Account Name : BERGER SINGERMAN LLP, FT.LAUDERDALE

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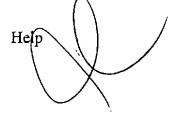
Finance@24slides.com

## REGISTERED AGENT CHANGE 24SLIDES US INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	he provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida St. change is submitted for a corporation organized under the laws of the State of $\overline{D}$ derivative change its registered office or registered agent, or both, in the State of Floring to change its registered office or registered agent, or both, in the State of Floring	elaware	his 
	of the corporation: 24SLIDES US INC.	<i></i>	
	eal office address: 4800 N FEDERAL HIGHWAY, SUITE B200, BOCA RATON, F	L 33431	
3. The mailing	g address (if different):		
4. Date of incom	orporation/qualification: NOVEMBER 24, 2021 Document number: F21000006	752	
5. The name an	nd street address of the current registered agent and registered office on file with partment of State: (If resigned, enter resigned)	_	·
	OE BOCA, INC.		
	2385 NW EXECUTIVE CENTER DRIVE, SUITE 100		
	BOCA RATON, FL 33431	·	2022
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office		2022 OCT 14
	ROBERT JUUL GLAESEL	777 C	A
	4800 N FEDERAL HIGHWAY, SUITE B200		9.
	P.O. Box NOT acceptable	<del> :</del>	ယ္
	BOCA RATON, FL 33431		
The street addre	ress of its registered office and the street address of the business office of its re	gistered	i agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an off the board, or the corporation has been notified in writing of the change.	icer so	
(V)	ROBERT J. GLAESEL, PRESIDENT		
_	ate of an officer or director Printed or typed name and title		
of my duties, and document is being	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 comple and I am familiar with and accept the obligation of my position as registered aging filed merely to reflect a change in the registered office address, I hereby content in the properties of the change in the content of the change in the registered office address, I hereby content in writing of this change.	te perfo zent. Or onfirm t	rmance ", if this hat the
	OCTOBER 5, 2022		
	mature of Registered Agent Date		
If signing on beh	chalf of an entity:		
ROBERT J. GLA	AESEL		
Ту	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)