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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

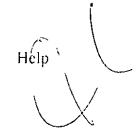
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE ITRADENETWORK, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$35.00

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03 $\ddot{\varpi}$

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

statement of cha	provisions of sections 60 nge is submitted for a co	orporation organize	d under the laws of the	State of Delaware	us
	r to change its registere		d agent, or both, in the	State of Florida.	
1. The name of t	he corporation: iTradeN	letwork, Inc.	.	 .	
2. The principal	office address: 307 MAI	N ST., STE. 100 SAI	LINAS, CA 93901		
3. The mailing a	ddress (if different):				
4. Date of incom	oration/qualification:				
	I street address of the cu tment of State: (If resign		nt and registered office	on file with the	
	CORPORATION SERV	ICE COMPANY			~ 3
1201 HAYS STREET					2024 FFB -6
	TALLAHASSEE, FL 32	2301-2525	·		9- B
6. The name and (if changed):	street address of the ne	w registered agent (if changed) and /or reg	istered office	e:
	United Agent Group Inc	-			 သ <i>:</i> ။
	801 US Highway 1				
P.O. Box NOT acceptable					
	North Palm Beach, FL 3	3408	***		
The street addre as changed will	ess of its registered office be identical.	ce and the street add	fress of the business o	ffice of its registere	ed agent.
Such change wa authorized by th	is authorized by resolut the board, or the corpora	ion duly adopted by tion has been notifi	tits board of directors ed in writing of the ch	or by an officer so ange.	
/s/	Tymberlyn Teefey	•	Fymberlyn Teefey, Attor	rney-in-Fact	
I hereby accept I further agree t of my duties, an document is bei	the appointment as reg to comply with the prov o camply with the prov did am tamiliar with an ny filed merely to reflec been notified in writin	isions of all statute: d accept the obliga et a change in the ro	Primed or typed gree to act in this cape k relative to the proper tion of my position as egistered office addres	acity	formance Or, if this that the
/s/	Tymberlyn Teefey	(02/06/2024		
Sign	nature of Registered Agent		Dat	e	
If signing on be	half of an entity:				
Tymberlyn Teefe	y, Special Secretary				
ry	ped or Printed Name				

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