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Division of Corporations

Fax Number : (850)617-6383

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Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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LLC REGISTERED AGENT CHANGE ALPHA CAPITAL MANAGEMENT, L.L.C.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned timited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: ALPHA CAF	PITAL M	ANAGE	MENT, L.L.C.
2. (a)	777 BRICKELL AVENUE, SUITE 1010	(b)	777 B	BRICKELL AVENUE, SUITE 1010
z. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*/		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MIAMI, FL 33131	 ,	MIAMI,	FL 33131
	12/06/2005	_	L05	5000116452
3.	Date of filing/registration in Florida	4.		Document number
5. (a	, HENRIQUEZ, RAUL			
J. (a	Registered Agent and Registered Office shown on the records of	the Florida I	Dept. of Stat	- е:
	777 BRICKELL AVENUE, SUITE 1010			
	Registered Office Address	<u>ADDRESS)</u>		-
	Miami FL	331	31	AP 2022 MAR LALL ASA
(b)	Corporate Creations Network Inc.			AP AP
(0)	Enter name of NEW Resistered Agent and/or NEW Resistered	Office add	Lezz	· ② 29
	801 US Highway 1			PH 1:
	NEW Registered Office Address:			* 57
	North Palm Beach, FI	33408		-
chang agent was/v the ar	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of organization or the operating agreement of the	registered ability cor of the limi limited li	d office an npany, it i ted liabilit ability cor	is hereby confirmed that the change(s) ty company or as otherwise provided in npany.
	Caitlin Lazarus	Cart	ıın Lazaı	rus, Attorney-in-Fact
	nature of a member or authorized representative of a member		• .	Printed or typed name of signee
provi the or to me	eby accept the appointment as registered agent and agi sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide trely reflect a change in the registered office address, l ted in writing of this change.	ree to act performa d for in C hereby co.	in this cap nce of my hapter 60, nfirm that	vacity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been

Caitlin Lazarus, Special Secretary

/s/ Caitlin Lazarus Signature of Registered Agent