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FEB 18 2022

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 limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: GLOBAL CITIZ	EN EN	TE	PRISES I	USA, LLC			
2. (a)	100 S ASHLEY DR		(b)	100 S A S	SHLEY DR			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) STE 600		(0)	STE 600	Mailing address	s of limited BE POST	hability OFFIC	сотралу: <i>E BOX</i>)
	TAMPA, FL 33602	_		TAMPA,	FL 33602			
	04/01/2021		L	21000136	145			
3.5. (a)	Date of filing/registration in Florida THE LAW OFFICE OF NICK SPRADLIN, PLLC	4.	_		Document n	umber		
V. (u)	Registered Agent and Registered Office shown on the records of 2202 N WEST SHORE BLVD	the Flor	ida E	ept. of Stat	_ le:			
	Registered Office Address (MUST BE FLORIDA STREET) STE 200	4DDRE	<u>(SS)</u>		_			
	TAMPA , FL	33607			-	·	22	
(b) _	THE LAW OFFICES OF NICK SPRADLIN, PLLC					· •	833	
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	iddr		-	• .		
	4300 BISCAYNE BLVD.						7	
	NEW Registered Office Address:				-	.13.4	⋾	
	SUITE 203					3-	ST ST	
	MIAMI , FL	33157			•			
gent wi	nited liability company is not organized under the law or changes are made, the Florida street address of the reliable identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of less of organization or the operating agreement of the liable.	egister oility co the lir imited	rea (omp nited liab	office and any, it is I liability ility comp	the business hereby confir company or pany.	office of	the reg	gistered
Ŝignatur	of a premier or authorized representative of a member	NIC	CKO		PRADLIN			
hereby rovision ne oblig merely otified i	accept the appointment as registered agent and agree is of all statules relative to the proper and complete p ations of my position as registered agent as provided preflect a change in the registered office address, I he in writing of this change.	e to ac erform for in t reby c	t in l anci Chaj onfil		Printed or typed city. I further uties, and I a F.S. Or, if th Te limited liab		-	y with the and accept seing filed as been
ignature	of Registered Agent							
	Division of Comment of the D.S. D.		_					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00