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Florida Department of State

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

١,	Na	me of the limited liability company: Bultick Capital N	larkets l	IP.	LLC			
2.	(a)		((b)				
·	,,	Principal office address of limited liability company: (Note: MOST BE STREET ADDRESS)	_ `		,\	dailing address of limited liab (Note: MAY RE POST OF	ility comp	any:
		333 SE 2nd Ave, Suite 3950			333 SE 2nd	i Ave, Suite 3950		
		Miami, FL 33131	_		Miami, FL	33131		
		7/24/2007		Ŋ	1070 0 00044	424		
3.		Date of filing/registration in Florida	4.	_		Document number		
5	(a)							
٠,	(41)	Registered Agent and Registered Office shown on the records of Del Cucto, Adolfo	the Florid	da I	Dept. of State		2021	
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	55)		· 골호	33	
		333 SE 2nd Avenue Suite 3950		,		AS:	2021 SEP 14	<u> </u>
		Miami ,FL 3				FILED 2021 SEP 14 PM 1: QI 31 UH - RI ME STAFE ALL AHASSEE, FLORID		
.1	(b)	C T Corporation System				LORIC	1:04	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Officen	ıdıla	<u>'ess</u> :	*	+	
		NEW Registered Office Address:			<u>. </u>	-		
		1200 South Pine Island Road						
		Plantation, FL	33324					
the age	cha ent v s/wo	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	the reg ability of the li	gist con imi	ered office apany, it is ted liability	e and the business office is hereby confirmed that to y company or as otherwi	of the ro he chan	egistered ge(s)
		liam Herrera	Wi	illia	ım Herrera			
	-	ture of a member or authorized representative of a member				Printed or typed name of sig		
no By	iyiei :	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete agents of my position as registered agent as provide by reflect a change in the registered office address, I din writing of this change. CT Corporation System Te of Registered Agent Denis Bell, Assistant Secretary		ici ; ma n (; coi	in this cape nee of my e hapter 603 nfirm that i	acity. I further agree to duties, and I am familian 5. F.S. Or, if this docume the limited liability comp	comply with an int is be any hai	with the od accept ing filed s heen
24	kmann	re of Registered Agent Denis Bell, Assistant Secretary	•					