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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

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LLC REGISTERED AGENT CHANGE UMB INTERNATIONAL, LLC

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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.

1. Na	ame of the limited liability company: UMB Interna	tional, Ll	_C				
2. (a)	5200 N Flagler Dr. #401	(b)	(b) 5200 N Flagler Dr. #401				
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limi (Note: MAY BE PO			
	WEST PALM BEACH, FL 33407		WEST	PALM BEACH, F	FL 334	107	
	04/16/2012	_	M1200	00002114			
3. 5. (a)	Date of filing/registration in Florida BAKER, BERNARD R, III	- 4		Document number	Γ		
J. (B)	Registered Agent and Registered Office shown on the records of 5200 N Flagler Dr. #401	the Florida	Dept. of Stat				
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>				2	
	WEST PALM BEACH .FI	33407		- -	40名	2022 MAR	:
(b)	Corporate Creations Network Inc.					የ 25	产产品
()	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	LGZZ	_		A	
	801 US Highway 1	····		_	E- 2 -	7:	
	NEW Registered Office Address:			_	۵.	ω	
	North Palm Beach Floring Flori	L33408	,	_			
change agent v was/we	imited liability company is not organized under the la e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered ability corr of the limited li	d office an npany, it i ted liabilit ability con	nd the business office is hereby confirmed ty company or as of mpany.	ce of the that the therwis	e regi: ie chai	stered igc(s)
				arus, Attomey-in			
_	ture of a member or authorized representative of a member		in shi	Printed or typed name			with the
provisi the obt to mer	by accept the appointment as registered agent and ag ions of all statules relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I d'in writing of this change.	ree to act performa ed for in C hereby co	in this cap nce of my hapter 60: nfirm that	vacity. I jurither der duties, and I am fa 5, F.S. Or, if this do the limited liability	ree to c miliar v ocumer compa	ompiy with a nt is be any ha	with the nd accept eing filed s been

Caitlin Lazarus, Special Secretary

/s/ Caitlin Lazarus

Signature of Registered Agent