## M18000007550

(Requestor's Name)	
(Address)	100
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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Office Use Only

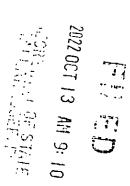


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A. BUTLER OCT 1 4 2022



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO.	: I2000000195				
REFERENCE	: 024016 8334108				
AUTHORIZATION	: South the man				
COST LIMIT	: \$25-00				
ORDER DATE : October 12, 2022	2				
ORDER TIME : 1:33 PM					
ORDER NO. : 024016-042					
CUSTOMER NO: 8334108					
CHANGE OF AGENT					
NAME: MANA DECENTRALIZED ART, LLC					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Eyliena Baker	r				
EΣ	KAMINER'S INITIALS:				

## 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. 8	Name of the limited liability company: MANA DECE	NTRALIZE	D ART, LLO	C
			b)	
_, (,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	318 NW 23RD ST		318 NW :	23RD ST
	MIAMI, FL 33127		MIAMI, F	L 33127
	08/15/2018		M1800000	07550
3.	Date of filing/registration in Florida	4.	· ·	Document number
5. (a	)			
J. (a	Registered Agent and Registered Office shown on the records Chung, Jay		a Dept. of Stat	te:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES.	<u></u>	-
	318 NW 23rd. Street			2022
	Miami	33217		2022 OCT 13
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office ac	ldress:	OF S 110
	Tance hame of the registered regent and on the register	tu Omic ac	iuitys.	9.10
	Corporation Service Company			10
	NEW Registered Office Address:			_
	1201 Hays Street			_
	Tallahassee	32301		
chang agent was/w	limited liability company is not organized under the less or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	he registere liability co s of the lin	ed office an ompany, it is nited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	Joishe Mana	Moi	she Mana,	Authorized Person
_	ature of a member or authorized representative of a member			Printed or typed name of signee
provis the ob to met	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and complet digations of my position as registered agent as provide rely reflect a change in the registered office address, and in writing of this change.	gree to act le perform led for in ( I hereby co	in this cape ance of my e Thapter 605 Onfirm that	acity. I further agree to comply with the duties, and I am familiar with and accept . F.S. Or, if this document is being filed the limited liability company has been
	ure of Registered Agent			
	the E. Kirby, Asst. Vice President			

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