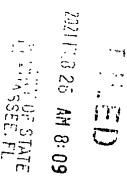
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| (Requestor's Name) | | | | | | | |
|--|--|--|--|--|--|--|--|
| (Address) | | | | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| PICK-UP WAIT MAIL | | | | | | | |
| (Business Entity Name) | | | | | | | |
| (Document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



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

| Date: | 02/26/2021 | |
|--------------------------|-----------------------------------|------------------|
| | Chris Vick | <u></u> |
| | #:1328774 | |
| | e:MADAVA | INVESTMENTS, LLC |
| | cles of Incorporation/Authorizati | |
| ☐ Ame | endment | |
| ✓ Cha | nge of Agent | |
| ☐ Reir | nstatement | |
| ☐ Con | version | |
| ☐ Mer | ger | |
| ☐ Diss | olution/Withdrawal | |
| ☐ Ficti | tious Name | |
| Othe | er | |
| Authorized Signature: | Amount \$25.00 | |

NY NY 10016 D: +1.212.947.7200 P: 800.221.0102 F: 800.944.6607

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.

| . Na | me of the limited liability company: MAD | AVA INVESTM | MENTS, LLC | |
|--------|--|------------------------|--|----|
| . (a) | | (b | b) | |
| | Principal office address of limited liability com (Note: MUST BE STREET ADDRESS) | • • | Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX | |
| | No Change | | No Change | |
| | February 7, 2019 | | M1900001377 | |
| 8. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a) | UNITED STATES COPORATION AG | | | |
| · (/ | Registered Agent and Registered Office shown on the r | ecords of the Florida | la Dept. of State: | |
| | Registered Office Address <u>(MUST BE FLORIDA S</u> 13302 WINDING OAK COURT, SUIT | | <u>S)</u> | |
| | Tampa | _{. FL_} 33612 | 2 | |
| (b) | COGENCY GLOBAL INC. | | | |
| · | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u> | tegistered Office add | ddress: | |
| | 115 North Calhoun St., Suite 4 | 26 2 10 888 | 7 | |
| | NEW Registered Office Address: | | AM 8: 09 XSSEE, FL | ,3 |
| | | | • | |
| | Tallahassee | , _{FL_} 32301 | | |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/S/ Danielle Simmons

Danielle Simmons

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept he obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed a merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been totified in writing of this change.

/S/ Tim Mayville

Signature of Registered Agent

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