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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

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

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

-	LLC REGISTERED AGENT CHANG ALFONSO MEDIA LOGISTICS, LLC		
	Certificate of Status	0	
_ ; = .	Certified Copy	0	
	Page Count	02	
	Estimated Charge	\$25.00	

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

L N	ame of the limited liability company: Alfonso Media	a Logistics,	LLC	
2. (a)				
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)	
	90 NW 39th Street	90	NW 39th Street	
	Miami, Florida 33127	Miami, Florida 33127		
	10/22/2021		M21000014085	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	ANGELICA BARAJAS			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:	
	90 NW 39 ST			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	· <u>·····</u>	
	Miami, FL	33127	022	
(b)	eResidentAgent, Inc. Enter name of NEW Registered Agent and/or NEW Registered 801 US Highway 1			
	NEW Registered Office Address:		26	
	North Palm Beach FL	33408		
the ch	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of	ws of the State the registered	I office and the business office of the registered ny, it is hereby confirmed that the change(s)	
thear	ticles of organization or the operating agreement of the	limited liabili	ity company.	
		Erika A	A. Easter, Authorized Person	
_	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to mei	Pby accept the appointment as registered agent and agestions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I writing of this change.	ree to act in the performance of for in Chapt hereby confiri	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been	
Signat	ure of Registered Agend			