M22 00000 6570

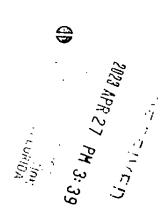
(Address) (Address) (City/State/Zip/Phone #) PICK-UF WAIT MAIL (Business Entity Name) (Document Number) (pres Certificates of Status		(Requestor's Name)
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Office Use Only



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A. DUTLER 479 28 2023

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO	. :	12000000	195
REFERENCI	E :	700452	8398041
AUTHORIZATION	: 10		_
COST LIMI	Г:	\$ 25.00	Soleman
ORDER DATE : April 25, 2023			,
ORDER TIME : 1:20 PM			
ORDER NO. : 700452-071			
CUSTOMER NO: 8398041			
CHANGE OF	AGENT	<u>r</u>	
NAME: MIZUHO CAPIT	PAL M	ARKETS LLC	
PLEASE RETURN THE FOLLOWING A CERTIFIED COPY PLAIN STAMPED COPY	AS PRO	OOF OF FIL:	ING:
CONTACT PERSON: Eyliena Bake	er		
E	11MAX3	NER'S INIT	IALS:

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. Na	me of the limited liability company:	AL MAF	RKETS	LLC
2. (a)		(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)
3 .	04/27/2022 Date of filing/registration in Florida	 - 4.	 M220	00006570 Document number
. (a)				
	CT CORPORATION SYSTEM Registered Office Address (MUST BE FLORIDA STREET A 1200 S PINE ISLAND RD PLANTATION		<u>s</u> i	2023 APR 27 1
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office ad	ldress:	
	<u>NEW</u> Registered Office Address:			
	1201 Hays Street			
	Tallahassee FL	32301		
hange gent w vas/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members o cles of organization or the operating agreement of the	register bility co f the lin	ed offic ompany nited lia	e and the business office of the registered , it is hereby confirmed that the change(s) bility company or as otherwise provided in
	Jill Cilmi	Jill	Cilmi, A	uthorized Person
hereb rovisio he obli mere	ure of a member or authorized representative of a member by accept the appointment as registered agent and agro ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he I'in writing of this change.	ee to act perform I for in (pereby co	in this ance of Chapter onfirm t	Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been
$\chi \gamma_{\nu}$	J 1/2 1	race E. I	Kirby, A	Asst. Vice President