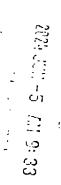
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## COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: American Shea Butter Institute Inc.		
Name of Corporation	·	
DOCUMENT NUMBER: N16000010287		
The enclosed Statement of Change of Registered	d Office/Agent and fee are submitted for filing.	
Please return all correspondence concerning this	s matter to the following:	
Samuel Hunter		
Name of Contact Person	<del></del>	
American Shea Butter Institute Inc.		
Firm/Company		
100 Hartsfield Centre Parkway, STE 500		
Address		
Atlanta GA 30354	<u></u>	
City/State and Zip Code	<del></del>	
info@CreativeResultsBusine	ssSolutions.com	
E-mail address: (to be used for future annua	I report notification)	
For further information concerning this matter, p	please call:	
Eugene Cooper	at (866 )204-4026 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the	Department of State.	
Mailing Address: Amendment Section	Street Address: Amendment Section	
Amendment Section Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

CR2E045 (04/13)

## STATEMENT.OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.	-
1. The name of the corporation: American Shea Butter Institute Inc  2. The principal office address: 100 Hartsfield Centre Parkway, STE 500, Atlanta GA 30354	<del>-</del>
3. The mailing address (if different): n/a	_
4. Date of incorporation/qualification: 10/21/2016 Document number: N16000010287	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
623 Management Inc.	
327 S. Dr. Martin Luther King Jr. Blvd	
Daytona Beach, FL 32114	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	
Creative Results Business Solutions, LLC	
111 North Orange Avenue, Suite 800 - #389	
P.O. Box NOT acceptable Orlando, FL 32801	
The street address of its registered office and the street address of the business office of its registered ager as changed will be identical.	ıt,
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Signature of an officer or director  SAMUEL HUNTER Printed or typed name and title	_
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 performan of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if to document is being filed merely to reflect a change in the registered office address, I hereby confirm that to corporation has been notified in writing of this change.	ice his he
Signature of Registered Agent 6-1-2024 Date	_
If signing on behalf of an entity:	
Typed or Printed Name  * * * FILING FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)