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From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

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## REGISTERED AGENT CHANGE CE BROKER, INC.

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

statement of cha	provisions of sections 607.0502, 617.05 unge is submitted for a corporation orga er to change its registered office or regis	inized under the laws of the State of $\overline{\ \ }$	LORIDA	
		_		
2. The name of	office address: CE BROKER, IN 525 3rd St N #100, 0	Gates of Pier Point, JACKSONVIL	LE, FL 32250	
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 4/8/2003	Document number: P03000	0039407	
	d street address of the current registered rument of State: (If resigned, enter resign		the	
	Mann, Justin			
	525 3rd St N #100, Gates of Pier	Point	्र <b>28</b>	
	JACKSONVILLE, FL 32250		2024 FEB 12 SEGNEJÁR	
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered offic	~~	
	Capitol Corporate Services, Inc.		OF ST	C
	515 East Park Avenue 2nd Fl		FL. FL.	
		ox NOT acceptable	·	
	Tallahassee, FL 32301			
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its	registered agent,	
Such change was authorized by th	as authorized by resolution duly adopte be board, or the corporation has been n	ed by its board of directors or by an of otified in writing of the change.	fficer so	
	of on the state of director	Aaron Prom, CAO & Couns		Inc
l hereby accept I further agree t of my duties, an document is bei	the appointment as registered agent as to comply with the provisions of all sta ad I am familiar with and accept the ob- ing filed merely to reflect a change in to s been notified in writing of this change	nd agree to act in this capacity, tutes relative to the proper and comp ligation of my position as registered of the registered office address, I hereby		
3	nature of Registered Agent	2/12/2024		
		Date		
	half of an entity			
	i, Assistant Secretary on behalf of O ypod or Printed Name	Capitol Corporate Services, Inc.		
	* * * FILING F	EE: \$35.00 * * *		
M.	MAKE CHECKS PAYABLE TO FL AIL TO: DIVISION OF CORPORATIONS, I	orida Department of State ² .O. Box 6327, Tallahassee, FL 32	314	

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