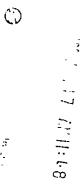
| (Requestor's Name) |
|--------------------------------------|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| ed Copies Certificates of Status |
| esal Instructions to Filing Officer: |
| J. HORNE JAN 18 2023 |
| |

Office Use Only



000400111810





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CT CORP

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3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

| D | ate: | 01/17/2023 | a: DW |
|--|-------------------------------|---|--|
| | | Acc#I20160000072 | 4. () = 1. |
| Name: | AEDN CAY | OFT, INC. | |
| Document #: | | | |
| Order #: | 14730670 | | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of | | | |
| Apostille/Notarial Certification: | | Country of Destination: Number of Certs: | |
| Filing: 🚺 | Certified: Plain: COGS: | | Email Address for Annual Report Notifications: |
| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount: | \$ 35.00 Thank you! | |

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

| statement of cha- | provisions of sections 607.0502, 617.0502. 607.1508, or 617.1508, Florida Statutes, this nge is submitted for a corporation organized under the laws of the State of Florida |
|------------------------------------|---|
| in order | r to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of t | he corporation: AEDN CAYLOFT, INC. |
| 2. The principal | office address: 463 7TH AVE, STE 1301, NEW YORK, NY 10018 |
| | |
| 3. The mailing a | ddress (if different): 55 DE LOUVAIN OUEST, STE. 200, MONTREAL, QUEBEC H2N 1A4 CA |
| 4. Date of incorp | poration/qualification: 01/03/2005 Document number: P05000000706 |
| 5. The name and Florida Depar | l street address of the current registered agent and registered office on file with the thent of State: (If resigned, enter resigned) |
| | DIVERSIFIED CORPORATE SERVIVES INT'L, INC. |
| | 18560 N BAY RD |
| | SUNNY ISLES BEACH, FL 33160 |
| 6. The name and (if changed): | SUNNY ISLES BEACH, FL 33160 I street address of the new registered agent (if changed) and /or registered office NRAI Services, Inc. 1200 South Pine Island Road P.O. Box NOT acceptable Plantation, Florida 33324 |
| | NRAI Services, Inc. |
| | 1200 South Pine Island Road |
| | P.O. Box NOT acceptable |
| | Plantation, Florida 33324 |
| The street addre | ess of its registered office and the street address of the business office of its registered agent, be identical. |
| Such change wa authorized by th | as authorized by resolution duly adopted by its board of directors or by an officer so ne board, or the corporation has been notified in writing of the change. |
| | Lorne LIEBERMAN, Secretary |
| Signatu | re of an officer or director Printed or typed name and title |
| corporation has | the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address. I hereby confirm that the second provided in writing of this change. |
| NRAI Services, |) +P. 01/13/2023 |
| (Xuda G | Mainte of Registered Ageni Date |
| If signing on be | chalf of an entity: |
| | Assistant Secretary |
| Т | yped 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)

By:

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