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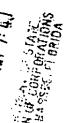
Account Name : DIVERSIFIED CORPORATE SERVICES INT'L, INC.

Account Number : 120090000024 Phone : (518)229-8228 Fax Number : (302)371-9850

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## REGISTERED AGENT CHANGE AEDN EWING, INC.

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

-	•		2, 607.1508, or 617.1508, Florid Azed under the laws of the State o	
•	-	-	ered agent, or both, in the State o	· — · · · · <del>-</del>
1. The name of t	the corporation:	AEDN Ewing, Ir	nc	
2. The principal office address: 463 7th Avenue, Suite 1301				
		New York, NY	10018	
3. The mailing a	address (if differen	nt):		<del></del>
4. Date of incorp	poration/qualifica	tion: 03/03/2005	Document number: P05	000037670
5. The name and	d street address of		gent and registered office on file	with the
		Joel S. Plotrkows	ski	
		317 71st Street		
	М	iami Beach, FL (	33141	- P. C T.
6. The name and (if changed):	d street address of	the new registered age	nt (if changed) and /or registered	
	Diversif	led Corporate Se	rvices int'i, inc.	_ # TI
	18	3560 North Bay F	Road	¥ 0
	Supr	P.O. Box NOT ny Isles Beach, Fl	·	9.
	<del></del>	<del></del>		_ 12:0 60
The street address changed will	ess of its registers be identical.	ed office and the street	address of the business office of	lts registered agent,
Such change we authorized by the	s authorized by a be board, or the c	resolution duly adopted orporation has been no	by its board of directors or by stiffed in writing of the change.	m officer so
_ S/BV	manum d	eterman	Benjamin Lleberma	<del>-</del>
Signalia Liberalia assessi	regs en officer of direc	tor	Printed of typed name and	
I further agree performance of agent. Or, if the hereby confirm	to comply with the my dulies, and it is document is be that the corporate	as registered agent the ee provisions of all stati am familiar with and a ling filed merely to refi tion has been notified t	d agree to act in this capocity, des relative to the proper and c occept the obligation of my positi ect a change in the registered of n writing of this change.	ompleie lon as registered fice address, i
1/2/2	S/ Sl/Wy Social October 13, 2017		17	
If signing on be	half of an entity:	<del>)</del> ,	Date	
Jerry Jo	seph, Presid	ient		
	yped or Printed Name			
		* * * DIT INC UP	E. 638 UU + + +	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)