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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 886073 4320744

AUTHORIZATION

COST LIMIT : (/\$\35.00

ORDER DATE : June 30, 2021

ORDER TIME : 10:0 AM

ORDER NO. : 886073-005

CUSTOMER NO: 4320744

CHANGE OF AGENT

NAME: S.M.I. INVESTMENTS CORP.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

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

statement of ch		rganized under the laws of the State of	Florida
		rgistered agent, or both, in the State of Com.	Florida.
1. The name of	the corporation: S.M.t. Investments C	Files New Yest New Yest 40000	
2. The principa	d office address: 505 Park Avenue, 8th	1 Floor, New York, New York 10022	
3. The mailing	address (if different):		
4. Date of incor	poration/qualification; July 13, 2007	Document number: P07000	080871
5. The name an Florida Depa	d street address of the current register artment of State: (If resigned, enter resi	ed agent and registered office on file wigned)	rith the
	NS Corporate Services Inc.		_
	1110 Brickell Avenue, Suite 310		_
	Miami	FL 33131	
6. The name and (if changed):	d street address of the new registered a	agent (if changed) and /or registered of	Tice
	Corporation Service Company		37
	1201 Hays Street		_
	P.O.	. Box NOT acceptable	- <u></u>
	Tallahassee	FL 32301	- :
The street address changed will	ess of its registered office and the stre be identical.	cet address of the business office of it	ts registered agent,
Such change wa authorized by th	as authorized by resolution duly adop he board, or the corporation has been	oted by its board of directors or by an notified in writing of the change.	officerso:
K _	tworker.	Umberto Mosseri, Director a	nd President
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent to the appointment as registered agent to comply with the provisions of all state and accept the and I am familiar with and accept the ang filed merely to reflect a change in Service Company	And agree to act in this capacity, tatutes relative to the proper and consbligation of my position as registered the registered office address, I hereby ge.	
By Clexin	3 Weiterd, assistant va area unt	06/30/2021	
_	nature of Registered Agent	Date	
	half of an entity;		
Alexxis Wei	illand reped 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)