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COVER LETTER

| Division of Corporations |
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| SUBJECT: FORTITUDE TRADING CORPORATION Name of Corporation |
| DOCUMENT NUMBER: PO 7 000114945 |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. |
| Please return all correspondence concerning this matter to the following: |
| Name of Contact Person FROTITUDE TOOD INC. CORRESTI |
| FURTITUDE TRADING CORPORATION |
| 1867 PRIMROSE LN Address |
| WELLINGTON 1-1 33414 City/State and Zip Code |
| E-mail address: (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Jill C. Lo PRESTI at (561) 702 8420 Name of Contact Person Area Code & Daytime Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State. |
| Mailing Address: Street Address: Amendment Section Amendment Section |

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of |
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| in order to change its registered office or registered agent, or both, in the State of Florida. |
| 1. The name of the corporation: FORTITUDE TRAPING CORPORATION |
| 2. The principal office address: 1867 PRIMROSE LN |
| WELLING TON, FL 33414 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 10/2007 Document number: Po7000/1494 |
| 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) |
| SPIEGAL & UTRERA, P.A. |
| 1840 CORAL WAY 41hFL BOS |
| MIAMI, FL 33145 = = T |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |
| Titl C. Lopresti |
| 1867 PRIMROSE LA P.O. Box NOT acceptable |
| WELLINGTON FL 33414 |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. |
| 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. |
| Gill C. Lofor Tith C. Lof RESTI PSD Signature of an officer or director 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 performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| Gui C. Appen 5-14-18 Signature of Registered Agent Date |
| If signing on behalf of an entity: |
| Title C. Luffres 77 Typed or Printed Name |

* * * FILING FEE: \$35.00 * * *