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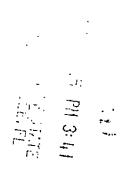
(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: June 24, 2021

Order#: 879451/005

Re: RICOMA INTERNATIONAL CORPORATION

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX _ Return Regular Mail in the enclosed envelope.

Attn:Carissa Koetitz

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

statement of cha	nge is submitted for a corpo	502, 617.0502, 607.1508, or 617.1508, Florida S pration organized under the laws of the State of $\frac{1}{2}$ fice or registered agent, or both, in the State of F	-L	
1. The name of t	he comoration: RICOMA IN	TERNATIONAL CORPORATION		
2. The principal office address: 11555 NW 124 STREET MIAMI, FL 33178				
3. The mailing a	ddress (if different):			
4. Date of incorp	oration/qualification: 04/1	4/2008 Document number: P080000	37613	
5. The name and		it registered agent and registered office on file wit	th the	
	MA, GUOFENG			
	11555 NW 124 STREET			
	MIAMI	FL 33178		
6. The name and (if changed):		egistered agent (if changed) and /or registered off	ice	
	Corporation Service Com	pany		
	1201 Hays Street	no n. Not.		
	Tallahassee	P.O Box NOT acceptable FL 32301		
as changed will	be identical.	nd the street address of the business office of its duly adopted by its board of directors or by an has been notified in writing of the change.		
gue	OFENGMA	Guofeng Ma	President	
I hereby accept I further agree to of my duties, and document is bein corporation has	o comply with the provisio	Printed or typed name and to tred agent and agree to act in this capacity, ons of all statutes relative to the proper and com accept the obligation of my position as registered change in the registered office address, I hereb this change.	plete performanc	
By: I) rou	nature of Registered Agent	06/24/2021 Date		
_	half of an entity:	2		
Grace E. Kirby,	Asst. Vice President			
Ty	yped or Printed Name	ELLING PEP 635 00 + + +		

* * * 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)