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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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⊢m ⊃ 1 I	DOOLOCC,			

REGISTERED AGENT CHANGE ART EXPERTS, INC.

Certificate of Status	0
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Help

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

statement of cha	eprovisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida , ange is submitted for a corporation organized under the laws of the State of $rac{1}{2}$ er to change its registered office or registered agent, or both, in the State of F	Florida	us ———		
1. The name of	the corporation: ART EXPERTS, INC.				
	office address: 1345 6th Avenue 33rd Floor New York, NY 1010	5			
• •	at the transfer of the transfe				
-	address (if different):			•	
4. Date of incor	poration/qualification: 09/18/08 Document number: P08000)085712		_	
	d street address of the current registered agent and registered office on file wintment of State: (If resigned, enter resigned)	ith the			
	Baggerson, Lauren	_			
	1575 Aviation Ctr. Parkway # 507				
	Daytona Beach, FL 32114		2023 MAR -8	4	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered of	HSSSEI			
	Northwest Registered Agent LLC		AH 8:	į	
	7901 4th St N STE 300				
	P.O. Box NOT acceptable	-			
	St. Petersburg FL 33702	~			
The street address changed will	ess of its registered office and the street address of the business office of it I be identical.	s registere	rd agent.		
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an he board, or the corporation has been notified in writing of the change.	officer so			
	Mark Winter are of an officer or director Printed or typed name and to	tle			
l hereby accept l further agree i of my duties, an document is bei	t 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 con nd I am familiar with and accept the obligation of my position as registered ing filed merely to reflect a change in the registered office address. I herel s been notified in writing of this change.	iplete perj d agent. C vy čonjirm	formance Or, if this withat the		
T-N-	03/08/2023				
Sig	gnatine of Registered Agent Date	•			
If signing on be	chalf of an entity:				
Taylor New					
I	Typed 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)