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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ · · · Certificates | of Status |
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SECRETARY OF STATE
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COVER LETTER

| TO: Amendment Section Division of Corporations | | | |
|--|--|--|--|
| SUBJECT: Matador Holdings Inc. Name of Corporation | | | |
| DOCUMENT NUMBER: 2091000()59117 | | | |
| 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: | | | |
| Jose Santana. Name of Contact Person | | | |
| Matada Holdings Inc. | | | |
| 201 NE 1st street Suite 500 miami f 33132 | | | |
| MIAMI Planda 23132. City/State and Zip Code | | | |
| TOSE matadarholdings over cum E-mail address: (to be used for future annual report notification) | | | |
| For further information concerning this matter, please call: | | | |
| Fuluro Tyada at 305,722-2727 Name of Contact Person Area Code & Daytime Telephone Number | | | |
| Name of Contact Person Area Code & Daytime Telephone Number | | | |

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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 in order to change its registered office or registered agent, or both, in the State of Florida. |
|--|
| 1. The name of the corporation: Matador holdings Inc. |
| 2. The principal office address: DOINR. 1st Street Fifth floor Suile 500 |
| 3. The mailing address (if different): |
| 4. Date of incorporation/qualification: 67 10 09 Document number: P09 000059 11 7 |
| 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) |
| William Wells ESQ |
| 201 NE 1st SInfloor Mami PC 33132 Resigned |
| |
| 6. The name and street address of the new registered agent (if changed) and /or registered office SET |
| MIAMI, Fl. 33138 |
| 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 charge 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. We make the 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. |
| Signature of Registered Agent Date |
| If signing on behalf of an entity: |
| Typed or Printed Name |

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