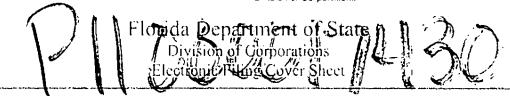
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Division of Corporations



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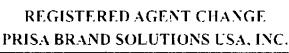
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607,0502, 617,0502, inge is submitted for a corporation organiz	red under the laws of the State of <u>F</u>	lorida	this
	r to change its registered office or register	•	orida,	
	he corporation: Prisa Brand Solutions US.			
2. The principal	office address: 7742 N. KENDALL DRIVE,	#101, MIAMI, FL 33156		
- 3. The mailing a	ddress (if different):			<del></del>
4. Date of incorp	poration/qualification: 2/18/2011	Document number:P110000	17430	
	I street address of the current registered ago tment of State: (If resigned, enter resigned		1 the	
	Arroyo, Luz M			
	2100 Coral Way, Suite 202			2
	Miami, FL 33145		<u></u>	2023 JAN
6. The name and (if changed):	street address of the new registered agent	(if changed) and /or registered offic	ie Je	19
	C T Corporation System			AH 9:
	1200 South Pine Island Road			ഗ്
	P.O. Box N	SOT acceptable	177	2
	Plantation, Florida 33324			
The street addre	ss of its registered office and the street ac be identical.	ldress of the business office of its	register	ed agent.
Such change wa authorized by th	s authorized by resolution duly adopted be board, or the corporation has been notif	by its board of directors or by an ollied in writing of the change.	fficer so	o
		Yeline Guerra / Officer		
-	e of an officer or director	Printed or typed name and title		<del></del>
I hereby accept I further agree I of my duties, and document is heli corporation has CT Corporation	the appointment as registered agent and a comply with the provisions of all statuted I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change.  System	agree to act in this capacity, es relative to the proper and comp ution of my position as registered registered office address. I hereby	lete per agent, confirr	formance Or, if this n that the
Jones of C	Pro	1/17/2023		
0 Sig	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
Jennifer Mincer	Assistant Secretary			
Ty	ped 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 (64:13)