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Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

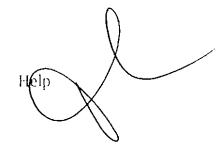
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REGISTERED AGENT CHANGE TUUCI EXPORT, INC.

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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 Florida in order to change its registered office or registered agent, or both, in the State of Florida. | |
|---|---|
| 1. The name of the corporation: TUUCI EXPORT, INC. | |
| 2. The principal office address: 1000 SE 8TH STREET, HIALEAH, FL 33010 | |
| 3. The mailing address (if different): 1000 SE 8TH STREET, HIALEAH, FL 33010 | |
| 4. Date of incorporation/qualification: 01/02/2014 Document number: P1400000297 | |
| 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) | |
| CLARKE, DOUGAN | |
| 1000 SE 8TH STREET |) 0 2 1a |
| HIALEAH, FL 33010 | _ |
| 6. The name and street address of the new registered agent (if changed) and for registered office (if changed): | , <u>, , , , , , , , , , , , , , , , , , </u> |
| Northwest Registered Agent LLC | |
| 7901 4th St N STE 300 | વેમ |
| P.O. Box NOT acceptable | |
| St. Petersburg. FL 33702 | |
| The street address of its registered office and the street address of the business office of its registered agrass changed will be identical. | ent. |
| 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. | |
| David Schutte David Schutte - President Signature of an officer or director Printed or typed name and title | |
| l 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 aid complete performa of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if document is being filed mevely to reflect a change in the registered office address, I hereby confirm that corporation has been notified in writing of this change. | ince this the |
| Today 1/2023 | |
| Signature of Registered Agent Date | |
| If signing on behalf of an entity: | |
| Taylor Newman | |
| Fyped 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 (13)