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To:

Division of Corporations

Fax Number : (850)617-6380

From:

9

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

**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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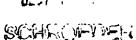
REGISTERED AGENT CHANGE OAHU, INC.

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

Pursuant to the provisions of statement of change is submitted in order to change its	ed for a corporation		the State of Flor	ida	
1. The name of the corporation	1:				
2. The principal office address					
3. The mailing address (if diff	erent): no change		· · · · · · · · · · · · · · · · · · ·		
4. Date of incorporation/qualit	fication: 7/10/2014	Document numb	P1400005876	 i4	
5. The name and street address Florida Department of State	•		ice on file with t	he	
Corporation S	ervice Company				
1201 Hays Str	1201 Hays Street, Tallahassee, FL 32301				
6. The name and street address (if changed):	s of the new register	ed agent (if changed) and /or	registered office	DEC 26 AH	
CT Corporati	C T Corporation System			<u>8</u> 8.	J
c/o C T Corpe	oration System, 1200 S	South Pine Island Road		3 5 7	
	P.O. R	Box NOT acceptable	GB.	ĺ	
Plantation, Flo	orida 33324				
The street address of its regis as changed will be identical.				_ ~	nt,
Such change was authorized I authorized by the board, or the	e corporation has be	dopled by its board of direct een notified in writing of the	ors or by an other change.	cer so	
Matalie Pickens		Natalie Pickens, Vice			
Signature of an officer of a large of the appointmance of my duties, an agent. Or, if this document is hereby confirm that the corporation System	ent as registered ay the provisions of a d I am familiar with being filed mercly oration has been not	tent and agree to act in this c tall statutes relative to the pro of and accept the obligation o to reflect a change in the rej	pper and complet I my position as i vistered office au	revistered –	
By: My	<u> </u>	12/24/2019		· · · · · · · · · · · · · · · · · · ·	
Signature of Reconstore If signing on behalf of an enti	y Alfred	Younan Secretary	Date		
Typed or Printed Na		NG FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314