Division of Corporations

To:

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CCRPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 : (614)573-3996 Phone Fax Number

[annual report mailings. Enter only one email address please.**

: Email Address:

REGISTERED AGENT CHANGE TBTTS INC.

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A. BUTLER JUN 06 2022

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

in order to change its registered office or registered agent, or both, in 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: TBTTS INC. 2. The principal office address: TradeZero Crypto, LLC, 67 35th Street, Suite B450, Brooklyn, NY 11232 3. The mailing address (if different): 4. Date of incorporation/qualification: 1008/2014 Document number: 1018 MCSCATELLA 5700 LAKE WORTH RD UNIT 209-2 LAKE WORTH, FL 33463 6. The name and street address of the new registered agent (if changed) and for registered office (if changed): CT Corporation System 1200 South Pine Island Road P.O. Box NO Lacceptable Plantation, Florida 33324 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 change was authorized by resolution duly adopted by its board of directors or by an officer so unthorized by the board, or the corporation has been notified in writing of the change. Christine Kelm, Assistant Sceretary Princide typed same and tile. Thereby accept the appointment as registered agent and agree to act in this scapacity. I further agree to act in this scapacity. I further agree to act in this scapacity. 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 abdition 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. Separate of Reported Agent Date Triped or Printed Name	•		, 617.0502, 607.1508, or 617.1508, Florida	
2. The principal office address:	· ·			
2. The principal office address:	1. The name of t	the corporation: TBTTS INC.		
4. Date of incorporation/qualification: 10/08/2014 Document number: P14000083120 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enterresigned) JOHN MUSCATELLA 5700 LAKE WORTH RD UNIT 209-2 LAKE WORTH, FL 33463 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): C T Corporation System 1200 South Pine Island Road Plantation. Florida 33324 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 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. Christine Kelm, Assistant Sceretary Printed or typed name and intellement as registered agent and agree to act in this capacity. If urther agree to comply with the provisions of all statutes relative to the proper and complete performance of my dulies, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed marely to reflect a change in the registered affice address, Thereby confirm that the corporation has been notified in writing of this change. Signature of Registered Agent 6/24/2022 Signature of Registered Agent 10 July 10/2022 Signature of Registered Agent 10 July 10/2021 Signature of Registered Agent			Crypto, LLC, 67 35th Street, Suite B450, Broo	oklyn, NY 11232
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enterresigned) JOHN MUSCATELLA 5700 LAKE WORTH RD UNIT 209-2 LAKE WORTH, FL 33463 6. The name and street address of the new registered agent (if changed) and/or registered office (if changed): CT Corporation System 1200 South Pine Island Road P.O. Box NOT acceptable Plantation. Florida 33324 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 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. Christine Kelm, Assistant Secretary Nignature of an officer of discoor Christine Kelm, Assistant Secretary Printed or typed name and title Christine kelm, assistant Secretary Printed or typed name and title Christine kelm, assistant Secretary Printed or typed name and title Christine kelm, assistant Secretary Printed or typed name and title Christine kelm, assistant Secretary Printed or typed name and title Christine kelm, assistant Secretary Printed or typed name and title Christine kelm, assistant Secretary Printed or typed name and title Christine kelm, assistant Secretary Printed or typed name and title Christine kelm, assistant Secretary Printed or typed name and title Christine kelm, assistant Secretary Printed or typed name and title Christine kelm, assistant Secretary Printed or typed name and title Christine kelm, assistant Secretary Printed or typed name and title Christine kelm, assistant Secretary Printed or typed name and title Christine kelm, assistant Secretary Printed or typed name and title Christine kelm, assistant Secretary Printed or typed name and title Christine kelm, assistant Secretary Printed or typed name and title Christine kelm, assistant Secretary Printed or typed name and title C	3. The mailing a	ddress (if different):		
Florida Department of State: (If resigned, enterresigned) JOHN MUSCATELLA 5700 LAKE WORTH RD UNIT 209-2 LAKE WORTH, FL 33463 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): C.T. Corporation System 1200 South Pine Island Road Plantation, Florida 33324 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 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. Christine Kelm, Assistant Secretary 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 adocument is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change. When the proper and complete performance of my obtained as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change. By Signature of Registered Agent Date If signing on behalf of an entity: CT Corporation System	4. Date of incorp	poration/qualification: 10/08/201	Document number: P140000	83120
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P.O. Box NOT acceptable Plantation, Florida 33324 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 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. Christine Kelm, Assistant Secretary 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. 6/24/2022 Signature of Registered Agent Date CT Corporation System	6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
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Typed or Printed Name	CT Corporation :	System		
	F	yped 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)

By: