Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053

Phone : (561)694-8107 Fax Number : (561)214-8442

**Enter the email address for this business entity to be used for future... annual report mailings. Enter only one email address please

| Rmail Address: | | |
|----------------|--|--|

REGISTERED AGENT CHANGE BEE STING EXPRESS, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| 1. The name of the corporation is: Bee Sting Exp. | ress, Inc. |
|---|--|
| 2. The principal office address: 5950 PENINSUL C/O OCEANS EDGE MARINA, KEY WEST, F | |
| | |
| 3. The mailing address (if different): 127 WOLF | RD |
| ALBANY NY 12205 | |
| 4. Date of incorporation/qualification: 11/23 | |
| 5. The name and street address of the current regi- Florida Department of State: | stered agent and registered office on file with the |
| CORPORATION SERVICE COMPA | NY |
| 1201 HAYS STREET | |
| 6. The name and street address of the new registe | rad open the changed and for maictary office |
| (if changed): | red agent (if changed) and for registered office |
| Corporate Creations Network In | ic. |
| 801 US Highway 1 | 2 |
| (P.O. Box Not a | (Ceptable) |
| North Palm Beach FL 33408 | 50 6 77 |
| agent, as changed will be identical. | ne street address of the business office of its registere |
| Such change was authorized by resolution duly authorized by the board, or the corporation has be | adopted by its board of directors or by an officer seen notified in writing of the change = |
| E The | Nicholas Nichols, Attorney-in-East-; |
| (Signature of an officer or director) | (Printed or Typed name and title |
| I hereby accept the appointment as registered ag | ent and agree to act in this capacity. |
| I further agree to comply with the provisions performance of my duties, and I am familiar with agent. Or, if this document is being filed merely hereby confirm that the corporation has been not | of all statutes relative to the proper and complete and accept the obligation of my position as registered y to reflect a change in the registered office address, I |
| 7576 | 1/21/2021 |
| (Signature of Registered Agent) | (Date) |
| If signing on behalf of an entity: | |
| Nicholas Nichols, Special Secretary (Typed or Printed Name) | |
| | E TO FLORIDA DEPARTMENT OF STATE TIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 |
| Corporate Creations International | |
| 801 US Highway 1 | |
| North Palm Beach FL 33408 | |

(561) 694-8107