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COVER LETTER

TO: Amendment Section Division of Corporations		2	
SUBJECT: ADWISE INC			
Name of Corporation		•	
DOCUMENT NUMBER: P1600	00052169		
The enclosed Statement of Chang	ge of Registered Offic	ce/Agent and fee	are submitted for filing.
Please return all correspondence	concerning this matte	er to the followin	g:
MOSHE ZAGURI			
Name of Contact Person	_		
ADWISE INC			
Firm/Company			
66 W FLAGLER STREET SUITE 9	900		
Address		···-	
MIAMI, FL 33130			
City/State and Zip Code			
INFO@ADV	VISE.COM		
E-mail address: (to be used for	r future annual repo	rt notification)	
For further information concerning	ng this matter, please	call:	
MOSHE ZAGURI		at (⁹¹⁷	963-1371
Name of Contact	Person	Area Coo)963-1371 de & Daytime Telephone Numb
England is a \$25.00 sheet made	novable to the Depar	atmost of State	
Enclosed is a \$35.00 check made	payable to the Depar	iniciti of state.	

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section
Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

Pursuant to the provisions of sections 607.0302, 617.0302, 607.1308, or 617.1308, Pioride statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of	<u>f FLORID</u>		
The name of the corporation: ADWISE INC The principal office address: 66 W FLAGLER STREET SUITE 900, MIAMI, FL 33130			
3. The mailing address (if different):			
4. Date of incorporation/qualification: 06/15/2016 Document number: P16000	052169 		
 The name and street address of the current registered agent and registered office on file of Florida Department of State: (If resigned, enter resigned) 	with the		
INCORP SERVICES, INC.			
3458 LAKESHORE DRIVE			
TALLAHASSEE, FL 32312			
6. The name and street address of the new registered agent (if changed) and /or registered (if changed):	TA Justin	2024 MAY 14	<u>-</u> -
Starthub Virtual LLC	IASS	<u>1</u> γ	
66 West Flagler Street STE 900	ů. H		T
P.O Box NOT acceptable Miarni FL 33130	FLORID	PM 12: 23	C
The street address of its registered office and the street address of the business office of as changed will be identical.	its regist	ered ag	gent.
Such change was authorized by resolution duly adopted by its board of directors or by a authorized by the board, or the corporation has been notified in writing of the change.	ın officer	so	
MOSHE ZAGURI, PRESIDENT			
Signature of an officer or director Printed or typed name and	litte		
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 co of my duties, and I am familiar with and accept the obligation of my position as register document is being filed merely to reflect a change in the registered office address, I her corporation has been notified in writing of this change.	omplete p red agent reby confi	erform Or, ij rm tha	ance f this t the
04/29/2024			
Signature of Registered Agent Date			
If signing on behalf of an entity:			
Typed 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)