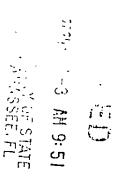
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(Requestor's Name)					
(Address)					
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(ON) ON OFFICE IT					
PICK-UP WAIT MAIL					
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195					
REFERENCE : 417401 8445220					
AUTHORIZATION :					
COST LIMIT : \$ 35.00					
ORDER DATE : April 15, 2024					
ORDER TIME: 4:02 PM					
ORDER NO. : 417401-051					
CUSTOMER NO: 8445220 第章 章					
CHANGE OF AGENT					
NAME: AXCELUS FINANCIAL BROKERS INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Amanda Miller EXT#					

EXAMINER:

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

statement of cha	provisions of sections 607.0502, 617.050 mge is submitted for a corporation organ er to change its registered office or regist	nized under the laws of the State of F	lorida	
1. The name of	the corporation: AXCELUS FINANCIAL I	BROKERS INC.	<u> </u>	
2. The principal	office address: 777 Brickell Avenue, Su	ite 620, Miami, FL 33131		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 03/20/2017	Document number: P17000026	3207	
	I street address of the current registered a timent of State: (If resigned, enter resigned		the	
	C T Corporation System			
	1200 South Pine Island Road		3	
	Plantation	FL 33324	وي:	
6. The name and street address of the new registered agent (if changed) and /or registered office: (if changed):				·
	Corporation Service Company			, j
	1201 Hays Street	الله ب	9: 5 STAT	-5.0
	P.O. Box	NOT acceptable	ri 	
	Tallahassee	FL 32301		-
The street addre	ess of its registered office and the street be identical.	address of the business office of its re	egistered ag	ţent,
	is authorized by resolution duly adopted board, or the corporation has been no			
Xiu	2 Comi	Jill Cilmi, Vice President		
Signatui	re of an officer or director	Printed or typed name and title		
coi por anton nas	the appointment as registered agent and o comply with the provisions of all state of I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	d agree to act in this capacity, utes relative to the proper and comple igation of my position as registered at e registered office address, I hereby o	ete perform gent. Or, if confirm that	ance this t the
Bv: ()	n Service Company	05/01/2024		
	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
· · · · · · · · · · · · · · · · · · ·	Asst. Vice President			
15	rped or Printed Name * * * FILING FE	'F+ \$35 00 * * *		
	" " FILING PE	(E), JUJ-00		

* * * FILING FEE: \$35.00 * * *