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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

over the con Absolute of Americas Inc					
SUBJECT: Absolute of Americas Inc. Name of Corporation					
DOCUMENT NUMBER: P17000035490					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Name of Contact Person					
Paracorp Incorporated					
Firm/Company 2804 Gateway Oaks Drive, Suite 100					
Address					
Sacramento, California 95833					
City/State and Zip Code					
elizabeth.lee@valialaw.com					
E-mail address: (to be used for future annual report notification)					
(					
For further information concerning this matter, please call:					
Name of Contact Person at ( 800 ) 533-7272  Name of Contact Person Area Code & Daytime Telephone Number					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Street Address:					
Amendment Section Amendment Section Division of Corporations Division of Corporations					
Division of Corporations P.O. Box 6327  Division of Corporations The Centre of Tallahassee					

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

P.O. Box 6327 Tallahassee, FL 32314

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statute nge is submitted for a corporation organized under the laws of the State of Florida r to change its registered office or registered agent, or both, in the State of Florida		_
1. The name of to 2. The principal	he corporation: Absolute of Americas Inc.  office address: 509 Madison Avenue, Suite 1510, New York, New York 10022		<del></del>
3. The mailing a	ddress (if different):		_ 
4. Date of incorp	poration/qualification: April 18, 2017 Document number: P17000035490		
	street address of the current registered agent and registered office on file with the tment of State: (If resigned, enter resigned)		
	Corporation Service Company		
	1201 Hays Street	.,	2
	Tallahassee, FL 32301-2525	30	2022 SEP
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office		EP 16
	Paracorp Incorporated	300	_D
	155 Office Plaza Drive, 1st Floor PO Box NOT acceptable	EST IST	<u></u>
	Tallahassee, Florida 32301	一当	0
The street addre	ess of its registered office and the street address of the business office of its registerical.	stered age	nt,
Such change up	as authorized by resolution duly adopted by its board of directors or by an office to board, or the corporation has been notified in writing of the change.	r so	
- 1	Patrizia Gobbi, Director		
	re of an afficer or director Printed or typed mame and take		_
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete at I am familiar with and accept the obligation of my position as registered agen ng filed merely to reflect a change in the registered office address, I hereby con been notified in writing of this change.	performa vi. Or if i firm that	nce this the
Oper	9/15/22		_
	half of an entity:		
Jose Gome:	z. Assistant Secretary		

\* \* \* 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)

Typed or Printed Name