19548277645

From: Kaity Toon

Division of Corporations

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Division	οĒ	Corporations
Fax Numbe	2 T	(850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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

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

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## REGISTERED AGENT CHANGE TRADEZERO USA INC.

Certificate of Status	0
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A. BUTLER

JUN 06 2022

Pate: 3 of 3

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $\overline{\phantom{a}}$

statement of cha	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida Stati on organized under the laws of the State of Flori or registered agent, or both, in the State of Flori	da			
1. The name of t	he corporation: TRADEZERO U	JSA INC.				
2. The principal office address: TradeZero Crypto, LLC, 67 35th Street, Suite B450, Brooklyn, NY 11232						
3. The mailing a	ddress (if different):					
4. Date of incorp	ooration/qualification: 02/22/201	8 Document number: P1800001758	3			
	istreet address of the current regitinent of State: (If resigned, ente	gistered agent and registered office on file with the cressigned)	he			
	JOHN MUSCATELLA					
5700 LAKE WORTH RD UNIT 209-2						
	LAKE WORTH, FL 33463		2 JUL			
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		9: 26 STATE E, FL			
P.O. Box NOT acceptable						
	Plantation, Florida 33324					
The street address changed will	ess of its registered office and the identical.	he street address of the business office of its rep	gistered agent.			
Such change wa authorized by th	as authorized by resolution duly be board, or the corporation has	adopted by its board of directors or by an offi- been notified in writing of the change.	cer so			
(')	INHINI KOM/	Christine Kelm, Assistant Secretary				
Signam	re of an officer or director	Printed or typed name and title				
I further agree to of my duties, an document is bei	lo comply with the provisions o	agent and agree to act in this capacity. fall statutes relative to the proper and complet t the obligation of my position as registered ag nge in the registered office address, I hereby co change.	te performance ent. Or, if this onfirm that the			
(MI)	MINI NOME	6/24/2022				
Sig	nature of Registered Agent	Date				
If signing on be	half of an entity;					
CT Corporation 5	System	_				
T;	sped or Printed Nume					

\* \* \* 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: