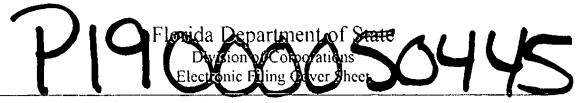
Division of Corporations

To:



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Division of Corporations

Fax Number : (850)617-6380

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

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REGISTERED AGENT CHANGE LOCATES INC.

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Help

A. BUTLER

JUN 0 6 2022

From: Kaity Toon

Page: 3 of 3

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS $\ \ ,$

statement of char	ige is submitted fo	or a corporation organ	02, 607,1508, or 617,1508, Florida St nized under the laws of the State of Flo ered agent, or both, in the State of Flo	orida	
1. The name of th	ne corporation: L	OCATES INC.			
2. The principal office address: TradeZero Crypto, LLC. 67 35th Street, Suite B450. Brooklyn, NY 11232					
		1):			
4. Date of incorporation/qualification: 06/21/2019 Document number: P19000050445					
		the current registered a resigned, enterresigne	igent and registered office on file with	the	
	JOHN MUSCATI	ELLA		202; SE	
5700 LAKE WORTH RD UNIT 209-2				2 JUL CRET	
	LAKE WORTH,	FL 33463		AHR -5	
6. The name and (ifchanged):	street address of	he new registered age	nt (if changed) and /or registered offic	AM 9: 43	
	C T Corporation	System			
1200 South Pine Island Road P.O. Box NOT acceptable					
					,
The street address changed will l	ss of its registered se identical.	d office and the street	address of the business office of its	registered agent.	
•		esolution duly adopte reporation has been no	d by its board of directors or by an o officed in writing of the change.	fficer so	
	NCU NUTA	V	Christine Kelm, Assistant Secretary		
I further agree to of my duties, and document is beir	o comply with the l Lam familiar w w filed merely to	e provisions of all stat	Printed or typed name and inte- id agree to act in this capacity. utes relative to the proper and comp igation of my position as registered be registered office address, I hereby	lete performance	
(J) (J)	HON INHA		Christine Kelm, Assistant Secretary		
Signature of Registered Agent		en)	Date		
If signing on bel	nalf of an entity:				
CT Corporation S	ystem				
Ty	ped or Printed Name		1D 43100 4 4 4		

* * * 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)

Byt