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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE

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REGISTERED AGENT CHANGE MUNI WORLD, INC

J. HORNE JAN 17 2025

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COVER LETTER

TO:	Amendment Section Division of Corporations		
SUBJ	MECT: MUNI WORLD, INC		
Name	ne of Corporation		
DOC	CUMENT NUMBER:		
The e	enclosed Statement of Change of Registered Office	Agent and fe	e are submitted for filing.
Pleas	se return all correspondence concerning this matter	to the followi	ng:
Erika	a Easter		
Name	ne of Contact Person		
eMin	nutes		
Firm/	√Company		
1 Roc	ockefeller Plaza Suite 1204		
Addre	ress		
New '	York, NY 10020		
City/S	/State and Zip Code		
	eteam@eminutes.com		
E-ma	ail address: (to be used for future annual report	notification)	
For fu	further information concerning this matter, please co	all:	
Erika	a Easter	at (310	820-1000 odc & Daytime Telephone Number
	Name of Contact Person	Area Co	de & Daytime Telephone Number
Enclo	osed is a \$35.00 check made payable to the Departi	ment of State.	
	Mailing Address	Street Addres	s:

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

CR2E045 (04/13)

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

statement of cha	nge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida State or ganized under the laws of the State of Floring	ida	
1. The name of t	he corporation: MUNI WORLD, IN	NC		
2. The principal	office address: 235 Park Avenue So	uth, 9th Floor New York, NY 10003		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 02/01/2022	Document number: P2200000996	52	
5. The name and		ered agent and registered office on file with th		
	Registered Agents Inc.			
	ersburg. FL 33702	FILE 2025 JAH 16		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): eResidentAgent, Inc.				
	115 N Calhoun St Suite 4 Tallahasso	na El 27201	55	
		P.O. Box NOT acceptable		
_		street address of the business office of its reg		
authorized by th	e board, or the corporation has be	dopted by its board of directors or by an officen notified in writing of the change.	CC1 30	
	r R Hairston	Priscilla R Hairston / Director		
I hereby accept I further agree t of my duties, an document is bei	e of an officer or director the appointment as registered age o comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a chango heen notified in writing of this ch	Printed of typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complet the obligation of my position as registered ag to in the registered office address. I hereby co tange.	e performance ent. Or, if this onfirm that the	
	6	12/30/2024		
•	nature of Registered Agent	Date		
If signing on bel	half of an entity:			
Erika Easter				
Ту	ped or Printed Name	/C FFF • \$35 00 * * *		

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