(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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CT CORP

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(850) 656- 4724 3458 lakesore Drive Tallahassee, FL 32312

D	ote: 04/04/2024		a: c DW	
		Acc#I20160000072	4.632	
Name:	FUNDSPOT	USA INC.		
Document #:				
Order #:	15475008			
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing:				
Certified Copy of				
Apostille/Notarial Certification:		Country of Destination: Number of Certs:		
Filing: 🚺	Certified: Plain: COGS:	✓ 	Email Address for Annual Report Notifications:	
Availability Document Examiner Updater Verifier W.P. Verifier	Amount: \$	35.00		

Thank you!

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

statement of char	nge is submitted for a corporation organ	12, 607.1508, or 617.1508, Florida Statutes, nized under the laws of the State of <u>Florida</u> ered agent, or both, in the State of Florida.	this
The name of the	he corporation: FUNDSPOT USA INC.	•	
2. The principal	office address: 78 SW 7TH ST 8TH FLC	OOR, MIAMI, FL 33130	
3. The mailing as	ddress (if different): PO BOX 556, KAH	NAWAKE, QC J0L1B,0 CANADA	
	oration/qualification: 12/22/2022	Document number: P22000094149	
5. The name and		agent and registered office on file with the ed)	
	REGISTERED AGENTS INC		
	7901 4TH ST N STE 300		
	ST. PETERSBURG, FL 33702		
6. The name and (if changed):	street address of the new registered age	ent (if changed) and /or registered office	
	1200 South Pine Island Road		
		ox NOT acceptable	1 S
	Plantation, Florida 33324		
The street addre	ess of its registered office and the stree be identical.	t address of the business office of its regist	tered agent,
Such change was	as authorized by resolution duly adopte ne board, or the corporation has been n	ed by its board of directors or by an officer otified in writing of the change.	· so
X /2	Cil English	ROBERT PICARD, PRESIDENT	
Signatu	re of an officer or director	Printed or typed name and title	
I hereby accept I further agree of my duties, an document is bei corporation has NBAS Services,	the appointment as registered agent as to comply with the provisions of all stated I am familiar with and accept the obing filed merely to reflect a change in the bear notified in writing of this change.	nd agree to act in this capacity. Itutes relative to the proper and complete poligation of my position as registered agen The registered office address, I hereby conf the registered office address, I hereby conf	verformance t. Or, if this irm that the
Xuda S	In the	April 3, 2024	
Sign Sign Sign	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
	, Assistant Secretary yped or Printed Name		
	* * * FILING F	TEE: \$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: