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REGISTERED AGENT CHANGE MASTER HOLDINGS USA, CORP.

Certificate of Status	0
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Page Count	02
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cl	e provisions of sections 607.0502, 617.6 hange is submitted for a corporation org	ganized under the laws of the State of	Florida		
	der to change its registered office or reg		Florida.		
	f the corporation: MASTER HOLDINGS				
2. The principa	al office address: 801 BRICKELL AVEN	UE SUITE 510MIAMI, FL 33131			
3. The mailing	address (if different):				
4. Date of inco	orporation/qualification: 09/01/2023	Document number: P2300000	53449		
5. The name a	nd street address of the current registered artment of State: (If resigned, enter resigned)	d agent and registered office on file w			
	MIAMI CORPORATE SYSTEMS, LLC				
	2555 PONCE DE LEON BLVD. SUITE 600				
	CORAL GABLES, FL 33145		_		
6. The name at (if changed)	nd street address of the new registered a	gent (if changed) and /or registered of	fice		
	Corporate Creations Network Inc.	.,	.		
	801 US Highway 1				
	P.O. Box NOT acceptable				
	North Palm Beach FL 33408 US				
The street add as changed wi	ress of its registered office and the stre Il be identical.	et address of the business office of it	s registered agent,		
Such change vauthorized by	was authorized by resolution duly adop the board, or the corporation has been	ted by its board of directors or by an notified in writing of the change.	officer so		
/s/: Branc	di Phillips	Brandi Phillips, Attorney in Fact			
Signature of an officer or director		Printed or typed name and ti	: 213 =		
I further agree of my duties, a document is b	ot the appointment as registered agent is to comply with the provisions of all stand I am familiar with and accept the oeing filed merely to reflect a change in as been notified in writing of this chang	tatutes relative to the proper and con obligation of my position as registere the registered office address, I herel	d agent. Orzifthis 🔀 by confirm that the		
/s/: Bran	di Phillips	2/3/25	₩ 25 × 25 × 25 × 25 × 25 × 25 × 25 × 25		
S	ignature of Registered Agent	Date	AM 10: 0		
If signing on behalf of an entity:			ALE RID/		
Brandi Phillips.	. Special Secretary				
	Typed or Printed Name				

* * * 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)