above, or on an attachment with all other like empowered. SIGNATURE: LAURANS A. MENDELSON

Electronic Signature of Signing Officer/Director Detail

DRIVE #1643 TOWER III, STE 1643

City-State-Zip: MIAMI FL 33131

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Entity Name: FIDELITY MANAGEMENT CORP.

Current Principal Place of Business:

Name and Address of Current Registered Agent:

FEI Number: 65-0311517

Current Mailing Address: 825 BRICKELL BAY DR TOWER III, STE 1643 MIAMI, FL 33131 US

DOCUMENT# V09576

825 BRICKELL BAY DR TOWER III, STE 1643 MIAMI, FL 33131

MENDELSON, LAURANS A. 825 BRICKELL BAY DRIVE **SUITE 1643** MIAMI, FL 33131 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

	Electronic Signature of Registered Agent		
Officer/Director Detail :			
Title	P	Title	S
Name	MENDELSON, LAURANS A	Name	MENDELSON, ARLENE
Address	825 BRICKELL BAY DRIVE #1643	Address	825 BRICKELL BAY DR
City-State-Zip:	MIAMI FL 33131		TOWER III, STE 1643
		City-State-Zip:	MIAMI FL 33131
Title	AS		
Name	MENDELSON, VICTOR H		
Address	825 BRICKELL BAY DRIVE #1643		

02/22/2022

Date

FILED

Date

Certificate of Status Desired: No

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears

PRESIDENT