To:



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future in annual report mailings. Enter only one email address please. ان Email Address:

REGISTERED AGENT CHANGE TRADEZERO CANADA INC.

Certificate of Status 0 Certified Copy 1 Page Count 02 Estimated Charge \$43,75

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Help

A. BUTLER JUN 0 6 2022

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

| statement of cha | nge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida Si organized under the laws of the State of <u>Fl</u> registered agent, or both, in the State of Fl | lorida | |
|-------------------------------------|---|---|---|-------------|
| 1. The name of t | he corporation: TRADEZERO CA | NADA INC. | | |
| 2. The principal | office address: TradeZero Crypto, I | LC 67 35th Street, Suite B450 Brooklyn, NY | Y 11232 | - |
| 3. The mailing a | ddress (if different): | | | <u>-</u> |
| 4. Date of incorp | ooration/qualification: 10/03/2021 | Document number: P21000022 | 2282 | _ |
| | street address of the current regis tment of State: (If resigned, entern | tered agent and registered office on file with resigned) | h the | |
| | JOHN MUSCATELLA | | | |
| | 5700 LAKE WORTH RD, UNIT 2 | 09-2 | | |
| | LAKE WORTH, FL 33463 | | 202 SE | |
| 6. The name and (ifchanged): | I street address of the new register | ed agent (if changed) and /or registered office | 2022 JUL -5 SECRETAR TALLAHA | |
| | C.T Corporation System | | ASSE ASSE | |
| | 1200 South Pine Island Road | | FE ST | 1 |
| | Plantation, Florida 33324 | P.O Box NOT acceptable | FATE | |
| The street address changed will | ess of its registered office and the be identical. | street address of the business office of its | registered agent | |
| Such change wa authorized by the | is authorized by resolution duly a ie board, or the corporation has b | dopted by its board of directors or by an o | fficer so | |
|), (') '), (') | MANI KOM | Christine Kelm, Assisstant Secretary | , | |
| Signaui | e of an diffeer of director | Printed or typed name and title | | |
| of my duties, an document is bei | O comply with the provisions of a | ent and agree to act in this capacity. all statutes relative to the proper and comp he obligation of my position as registered to in the registered office address. I hereby hunge. | olete performanc agent. Or, if thi confirm that the | e s e |
| | MCW INTHUN') | 7/2/2022 | | |
| Sig | nature of Registered Agent | Date | | |
| It signing on be | half of an entity: | | | |
| C T Corporation | _ | | | |
| 1 | ped 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)

By: