F16000003853

(Re	equestor's Name)	<u> </u>
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone	= #)
<u>_</u>	WAIT	_
(Bu	siness Entity Nan	ne)
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A. BUTLER
JUN 1 1 2022

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195		
REFERENCE : 7928197 7650958		
AUTHORIZATION: Spelle Commen		
COST LIMIT : \$ 35.00		
ORDER DATE : July 7, 2022		
ORDER TIME : 4:37 PM		
ORDER NO. : 792819-030		
CUSTOMER NO: 7650958		
CHANGE OF AGENT		
NAME: CERNOSTICS, INC.		
NAME: CERNOSTICS, INC.		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:		
CERTIFIED COPY XX PLAIN STAMPED COPY		
CONTACT PERSON: Alexxis Weiland		

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of DELAWARE or registered agent, or both, in the State of Florida.
	he corporation: CERNOSTICS	
	office address: 235 William Pit	
4. Date of incorp	oration/qualification: 08/29/2	016 Document number: F16000003853
5. The name and		egistered agent and registered office on file with the
	REGISTERED AGENTS INC	
	7901 4TH STREET N, SUIT	E 300 ST.PETERSBURG, FL 33702
6. The name and (if changed):	street address of the new regis	stered agent (if changed) and /or registered office
	Corporation Service Compar	ny
	1201 Hays Street	
	P.O. Box NOT acceptable	
	Tallahassee	FL 32301
The street addre as changed will	ss of its registered office and be identical.	the street address of the business office of its registered agent.
Such change wa authorized by th	s authorized by resolution du e board, or the corporation ha	ly adopted by its board of directors or by an officer so — is been notified in writing of the change.
- Xiee	2 agni	Jill Cilmi, Vice President
l further agrée to of my duties, and document is bein corporation has	o comply with the provisions (d I am familiar with and acce	Printed or typed name and title I agent and agree to act in this capacity. of all statutes relative to the proper and complete performance pt the obligation of my position as registered agent. Or, if this unge in the registered office address, I hereby confirm that the is change.
By Drace C. Kuble		07/07/2022
	uture of Registered Agent . Asst. Vice President nalf of an entity:	Date
Ту	ped or Printed Name	_

* * * FILING FEE: \$35.00 * * *