Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

REGISTERED AGENT CHANGE FENESTRAE, INC.

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

statement of cha	inge is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida Statutes, the on organized under the laws of the State of Georgia or registered agent, or both, in the State of Florida.	uis ———	
1. The name of	the corporation; Fenestrae, Inc			
	office address: 5051 Peachtree	Corners Circle #200 Suite 252	_	
	orners, GA 30092	·		
3. The mailing a	address (if different): 4080 McGin	inis Ferry Rd Ste 1006 alpharetta, GA 30005		
4. Date of incor	poration/qualification: 04/03/20	17 Document number: F17000001537		
	d street address of the current registers of State: (If resigned, enter	gistered agent and registered office on file with the er resigned)		
	Sunshine Corporate Filings, Lt	_C	~	
	3030 N. Rocky Point Dr.		20 JAH 24	. <u></u> 1
	Tampa, FL 33607	20 Sept. 1995	24	
6. The name and (if changed):	d street address of the new regist	ered agent (if changed) and /or registered office	80 :11 WY	
	Registered Agents Inc		80	
	7901 4th St N STE 300	dD*		
). Box NOT acceptable		
	St. Petersburg FL 337	702		
The street address changed will	ess of its registered office and the identical.	ne street address of the business office of its registere	d agen	t,
Such change was authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.		
Willer	n Hogewoning	Willem Hogewoning, CFO Printed or typed name and title	- ·	
I further agree performance of agent. Or, if th	to comply with the provisions of my duties, and I am familiar wi is document is being filed meres	agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as registe by to reflect a change in the registered office address, iotified in writing of this change.	ered I	
Bee Home		1/24/2020		
Signature of Registered Agent		Date		
If signing on be	half of an entity:			
Bill Havre		_		
T	yped or Printed Name			

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