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 above, or on an attachment with all other like empowered.

# SIGNATURE: HARALAMBOS DRAGONAS

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P2000008262 Entity Name: AIRGENSYSTEMS INC

# **Current Principal Place of Business:**

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

5901 PALM TRACE LANDINGS DRIVE

304 DAVIE, FL 33314

### **Current Mailing Address:**

5901 PALM TRACE LANDINGS DRIVE 304 DAVIE, FL 33314 US

### FEI Number: 84-4384392

#### Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

DRAGONAS, HARALAMBOS T 5901 PALM TRACE LANDINGS DRIVE 304 DAVIE, FL 33314 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:

Officer/Director Detail :			
Title	P	Title	VP
Name	DRAGONAS, HARALAMBOS T	Name	DRAGONAS, CHRYSOULA
Address	5901 PALM TRACE LANDINGS DRIVE APT 304	Address	5901 PALM TRACE LANDINGS DRIVE APT 304
City-State-Zip:	DAVIE FL 33314	City-State-Zip:	DAVIE FL 33314

### Certificate of Status Desired: No

01/28/2022

PRESIDENT

Date

FILED Jan 28, 2022 Secretary of State 7873274550CC

Date