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(Requestor's Name)						
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S TALLENT MAY 10 2019 2019 MAY -9 AM 9: 04 SECRETARY OF STATE TALL AHASSEE, FL

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NA-ct



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	05/09/2019	
	Joy Weaver	
Reference	e #:1062838	
	me:IATRI	C SYSTEMS, INC.
	icles of Incorporation/Authoriza	
An	nendment	
✓ Ch	ange of Agent	
☐ Re	instatement	
□ Co	nversion	
	erger	
☐ Dis	ssolution/Withdrawal	
☐ Fic	titious Name	
☐ Ot	her	
Authorize	d Amount:\$35	
Signature	: Julauu	

F: +852.2682.9790

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

statement of char	nge is submitted for a	corporation organize	607.1508, or 617.1508, Floi ed under the laws of the Stat d agent, or both, in the State	e of <u>Delaware</u>
			RIC SYSTEMS,	
2. The principal	office address: No C	Change		
3. The mailing ac	ddress (if different):	·		
4. Date of incorp	oration/qualification:	April 14, 2004	Document number:	F04000002059
	street address of the coment of State: (If resi		nt and registered office on fi	le with the
	Corpo	ration Servic	e Company	
		1201 Hays S	itreet	
	Tallal	hassee, FL	32301-2525	201 SE
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	115 North C	alhoun St., S	Suite 4	M 9: 03
		P.O. Box NOT according to P.O. Box NOT accor	eptable	03
The street address as changed will	ss of its registered off be identical.	Tice and the street add	dress of the business office	of its registered agent,
_		ation duly adopted by ation has been notific	its board of directors or by ed in writing of the change.	an officer so
/s/ Todd Rich	ardson		Todd Richardson	Secretary
I hereby accept to I further agree to performance of agent. Or, if this	the appointment as re to comply with the pro ny duties, and I am fo	visions of all statutes miliar with and acce iled merely to reflect	Printed or typed name a gree to act in this capacity, is relative to the proper and opt the obligation of my pos a change in the registered riting of this change.	complete ition as registered
/s/ Sean Hon			05/08/2019	
Sign. If signing on beh	ature of Registered Agent alf of an entity:		Date	

Sean Honan, Assistant Secretary

Typed or Printed Name

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