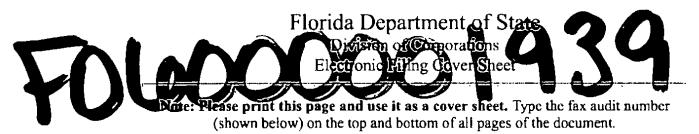
3/23/2020

Division of Corporations



(((H200000906123)))



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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

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REGISTERED AGENT CHANGE **DEFENDERS, INC. (IN)**

Certificate of Status	0
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MAR 2 4 2000

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

statement of ch	unge is submitted for a corpor	92, 617.0502, 607.1508, or 617.1508, Florida ation organized under the laws of the State of ce or registered agent, or both, in the State of	<u> IN</u>
1. The name of	f the corporation: Defenders, Inc.		
2. The principa	al office address:	toad Boca Raton, FL 33431	
3. The mailing	address (if different): 1501 Yan	nato Road Boca Raton, FL 33431	
4. Date of inco	rporation/qualification; 03/27/2	Document number: F06000	001939
	nd street address of the current artment of State: (If resigned, e	registered agent and registered office on file v	with the
	CORPORATION SERVICE C	OMPANY	
	1201 HAYS STREET		2020 SEC: TALL
	TALLAHASSEE, FL 32301-2	525	2020 MAR 23 SECRETARY ALLAHASSE
6. The name at (if changed)		sistered agent (if changed) and /or registered o	ARY OF STATE ASSEB. FLORID
	C T Corporation System		TATO PRICE ORICE
	1200 South Pine Island Road		-
	_	P.O Box NOT acceptable	_
	Plantation, Florida 33324		_
The street add as changed wi	ress of its registered office and H be identical.	i the street address of the business office of	its registered agent,
Such change vauthorized by	vas authorized by resolution du the board, or the corporation h	aly adopted by its board of directors or by ar has been notified in writing of the change.	n officer so
1/2		Jennifer Kurz, Secretary	-
I hereby acces I further agree performance of agent. Or, if t	of my duties, and I am familiar his document is being filed me	Printed or typed name and to ad agent and agree to act in this capacity, is of all statutes relative to the proper and co- with and accept the obligation of my position rely to reflect a change in the registered off in notified in writing of this change.	mplete on as registered
By: Oan In Dec. 103/23/2020			
If signing on b	ignature of Registered Agent sechalf of an entity:	Date	
	in, Asst. Secretary		
	Typed or Printed Name		
	* * * F	ILING FEE: \$35,00 * * *	