F07000000334

(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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01/26/21--01027--029 **35.00

2021 JAN 26 PH 6: 20

S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 22, 2021

Order#: 615580-122

Re: INFUSCIENCE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX____ File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporat	2, 617,0502, 607,1508, or 617,1508, Florida Statutes, tion organized under the laws of the State of Delawa or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: INFUSCIENC	E, INC.	
2. The principal	office address: 3000 Lakeside	Drive, Suite 300N, Bannockburn, IL 60015-5404	
-	•		
4. Date of incorp	ooration/qualification: 01/19/2	007 Document number: F07000000334	
	street address of the current re tment of State: (If resigned, ent	gistered agent and registered office on file with the ter resigned)	
	Cogency Global Inc.		
115 North Calhoun Street, Suite 4			
	Tallahassee	FL 32301	2021 JAN 25
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Corporation Service Compan	ny	PH 6:
	1201 Hays Street		20
P.O. Box NOT acceptable			
	Tallahassee	FL 32301	
The street addre as changed will	ss of its registered office and the identical.	the street address of the business office of its registe	red agent.
Such change wa author(zed by th	is authorized by resolution duli ie board, or the corporation ha	y adopted by its board of directors or by an officer s s been notified in writing of the change.	60
Xie	. E agni	Jill Cilmi, Vice President	
I further agree to of my duties, and document is being corporation has	o comply with the provisions of d I am familiar with and accei	Printed or typed name and title agent and agree to act in this capacity, of all statutes relative to the proper and complete pe of the obligation of my position as registered agent, inge in the registered office address, I hereby confir s change.	rformance Or, if this m that the
By:	i M Lei	01/22/2021	
	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
	Asst. Vice President ped or Printed Name		

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