F07000001796

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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

Ami Casper ami.casper@cscqlobal.com From:

Date: January 22, 2021

Order#: 615580-119

Re: INFUSCIENCE SUB, 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

)502, 617.0502, 607.1508, or 617.1508, Florida Statutes, thi oration organized under the laws of the State of Delaware	
	•	ffice or registered agent, or both, in the State of Florida.	
I. The name of	the corporation: INFUSCIE	ENCE SUB, INC.	
2. The principal	office address: 3000 Lakes	side Drive, Suite 300N, Bannockburn, IL 60015-5404	
3. The mailing a	nddress (if different):		
4. Date of incorp	poration/qualification: 03/	15/2007 Document number: F07000001796	
	I street address of the current timent of State: (If resigned	nt registered agent and registered office on file with the	
	Cogency Global Inc.		
	115 North Calhoun Stree	t, Suite 4	
	Tallahassee	FL 32301	
6. The name and (if changed):	I street address of the new r	egistered agent (if changed) and /or registered office	2021 JAH 26
	Corporation Service Corr	pany	26
	1201 Hays Street		PH
PC		P.O. Box NOT acceptable	<u>ن</u>
	Tallahassee	FL 32301	20
The street address changed will	ess of its registered office a be identical.	and the street address of the business office of its registered	l agent,
Such change was	as authorized by resolution ne board, or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.	
Xiel	2 a Onei	Jill Cilmi, Vice President	
Signatu	re of an officer or director	Printed or typed name and fille	
l further agree to of my duties, and document is bei corporation has	to comply with the provision of Lam familiar with and a	ered agent and agree to act in this capacity. This of all statutes relative to the proper and complete perfoce The obligation of my position as registered agent. Of Change in the registered office address, I hereby confirm to this change.	ormance r, if this that the
Зу: [`] (Д	in M Leil	01/22/2021	
	nature of Registered Agent	Date	. —
If signing on be	half of an entity:		
<u>;_</u>	Asst. Vice President		
T	yped or Printed Name		

٠,

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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