## F08000002 352

(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)	<del></del>			
(Cit	ry/State/Zip/Phon	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate:	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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T SCHROEDER



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Matthew Ermak matthew.ermak@cscglobal.com

Date: October 31, 2019

Order#: 030572-005

Re: ITEL LABORATORIES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Matthew Ermak 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 ch	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida S on organized under the laws of the State of [	DELAWA		
	the corporation: ITEL LABORATO	or registered agent, or both, in the State of F ORIES, INC.	lorida.		
	•		6		
2. The principa	l office address:	Center Parkway 107, Jacksonville, FL 3221			
3. The mailing	address (if different):				
4. Date of incorporation/qualification: 05/22/2008 Document number: F080000					
	id street address of the current reg artiment of State: (If resigned, enter	istered agent and registered office on file wi r resigned)	th the		
	C T CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND RO	OAD	3 <del>2</del> 77	3	
	PLANTATION	FL 33324		NOV	. 13
6. The name an (if changed):	_	ered agent (if changed) and /or registered off	fice II	-L PK	: []
Corporation Service Company			<u>. 3</u>	5	4
	1201 Hays Street		3>	£	
	P.O. Box NOT acceptable				
	Tallahassee	FL 32301			
The street addras changed wil	ress of its registered office and th I be identical.	e street address of the business office of its	s register	ed age	nt,
Such change wanthorized by	as authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an obeen notified in writing of the change.	officer so	ı	
12	20-pef	Robert Logar		2516	der. t
I hereby accep I further agree performance o agent. Or, if h hereby confirn	r to comply with the provisions of I my duties, and I am familiar wi	Printed or typed name and all gent and agree to act in this capacity. I all statutes relative to the proper and come the and accept the obligation of my position by to reflect a change in the registered office of this change.	plete as regis	tered s, I	
By: Dro	co t-Kuby	10/25/2019			
	enature of Registered Algent chalf of an entity:	Date			
	y, Asst. Vice President				
	Typed or Printed Name	_			
	* * * F1L1	ING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)