## F09000004148

(Requestor's Name)				
(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				
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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 4910227 7330754
AUTHORIZATION CONTRACTOR
COST LIMIT : \$ 35.00
ORDER DATE : June 7, 2024
ORDER TIME : 1:02 PM
ORDER NO. : 491022-007
CUSTOMER NO: 7330754
CHANGE OF AGENT
NAME: INOGEN, INC.
ZNOGZN, ZNO.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida S. organized under the laws of the State of _ egistered agent, or both, in the State of Fl	Delaware		
1. The name of	the corporation: INOGEN, INC.				
2. The principal	office address: 859 Ward Drive, Su				
3. The mailing a	•				
4. Date of incorp	poration/qualification: 10/19/2009	Document number: F090000	04148		
	I street address of the current register tment of State: (If resigned, enter res	red agent and registered office on file with signed)	h the		
	Incorp Services, Inc.				
	3458 Lakeshore Drive		TÄLI	ano J	
	Tallahassee, FL 32312		Ail of	= -	
3458 Lakeshore Drive  Tallahassee, FL 32312  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Corporation Service Company					
	Corporation Service Company		1000 1000	ġ. '	
	1201 Hays Street		XIDA TE	ည်	
P.O. Box NOT acceptable					
	Tallahassee	FL 32301			
The street addre	ss of its registered office and the st be identical.	reet address of the business office of its	registered a	gent,	
Such change wa authorized by th	s authorized by resolution duly ado e board, or the corporation has been	pted by its board of directors or by an on notified in writing of the change.	fficer so		
/s/ Jason Somer, Executive V			ent		
•	e of an officer or director	Printed or typed name and title			
I hereby accept I further agree to of my duties, and locument is bein corporation has Corporation	the appointment as registered agen o comply with the provisions of all , I am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this chan Service Configany	t and agree to act in this capacity, statutes relative to the proper and comp obligation of my position as registered n the registered office address, I hereby nge.	olete perforn agent. Or i confirm tha	nance If this It the	
عy: (کاری	Miley	06/12/2024			
J	ature of Registered Agent nalf of an entity:	Date			
Ami M. Casper.	Asst. Vice President				
	ped or Printed Name				
	* * * E1# 1N//	FFF: \$35.00 * * *			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)