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of 10/9/2022

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195				
REFERENCE : 128647 4731473				
AUTHORIZATION : STEED BLOWN				
COST LIMIT : \$ 35.00				
ORDER DATE : June 7, 2022				
ORDER TIME : 10:10 AM				
ORDER NO. : 728647-009				
CUSTOMER NO: 4731473				
CHANGE OF AGENT				
NAME: INTERSECT ENT, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker				

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617 unge is submitted for a corporation o er to change its registered office or re	rganized under the law	es of the State o	of DE
1. The name of	the corporation: INTERSECT ENT, I	NC.		
	office address: 1555 ADAMS DRIVE		94025	
3. The mailing a	nddress (if different):			
4. Date of incor	poration/qualification: 09/06/2012	Document n	umber: F120	00003661
	d street address of the current register rtment of State: (If resigned, enter res		d office on file	with the
	NRAI SERVICES, INC			
	1200 South Pine Island Road			2022 JUN 2022 JUN
	Plantation	FL	33324	
6. The name and (if changed):	d street address of the new registered Corporation Service Company	agent (if changed) and	l /or registered	office
	1201 Hays Street			12
		O. Box NOT acceptable		_
	Tallahassee	FL	32301	
The street address changed will	ess of its registered office and the st be identical.	reet address of the bus	siness office of	its registered agent.
Such change was authorized by the	as authorized by resolution duly add he board, or the corporation has bee	opted by its board of d in notified in writing o	irectors or by a fithe change.	an officer so
,	and to Tabello	Anne Ziebell		Asst. Secretary
Signatu	re of an officer or director	Printe	d or typed name and	i title
I further agree of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all and I am familiar with and accept the ing filed merely to reflect a change is been notified in writing of this change. Service Company	statutes relative to the obligation of my posi in the registered office	e proper and co	omplete performance red agent. Or, if this eby confirm that the
	nature of Registered Agent		Date	
If signing on be	chalf of an entity:			
	Asst. Vice President yped or Printed Name			
	* * * FILIN(G 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)