## F1300000000033

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SECREMENTS AN 9: 21
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DEPARTMENT OF STATE

RAROCH8

MAR 14 2017 I ALBRITTON CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 553178 8129157

AUTHORIZATION

COST LIMIT : S 35.40.00

ORDER DATE: March 13, 2017

ORDER TIME : 12:19 PM

ORDER NO. : 553178-010

CUSTOMER NO: 8129157

CHANGE OF AGENT

NAME: AKADEMOS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS:

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

statement of cha	inge is submitted	tions 607.0502, 617.03 for a corporation orga	anized under the lo	tws of the St	ate of		İ	
	J	egistered office or regi AKADEMOS, INC.	stered agent, or bo	ith, in the St	ate of Fiorida	<b>2</b> .		
	office address:	200 Commentions Aus	enue, #2b, Norwal	k, CT 06854	ļ			
3. The mailing a	ddress (if differe	ent):						_
4. Date of incorp	poration/qualific	ation: 04/19/2013	Document	number:	F130000020	33		
		f the current registered If resigned, enter resig	-	ed office on	file with the	:		
	Company, Corp	poration Service						
	21 N. Hillside A	ve						
	Orlando		FL	32803		6ir ≥ 673 [17]	201.	
6. The name and (if changed):	l street address o	f the new registered ag	gent (if changed) ar	nd /or registe	ered office			4 ,-
	Corporation Se	rvice Company			1 2 pm	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	<u> </u>	
	1201 Hays Stre					7 4.4 2 5 7 3 7 7	5 9	₹ <u> </u>
	Tallahassee	P.O. Box NO	OT acceptable FL	32301	ä	is protection	Ö	
_		ed office and the stree					igent,	
Such change wa authorized by th	is authorized by ne board, or the	resolution duly adopte corporation has been n	otified in writing	of the chang	ge.	د so 2 ک	١	
Sh	re of an office or dire			Sqvid led or typed nam				
I hereby accept I further agree to performance of agent. Or, if the hereby confirm	the appointmen to comply with t	t as registered agent a he provisions of all sta am familiar with and eing filed merely to re tion has been notified	and agree to act in ututes relative to to	this capaci he proper at tion of my n	ty. nd complete osition as re	gistere ress, I	e <b>d</b>	
By:			3/13	X// [			<del></del>	
If signing on be Lydia Asst. Vi	half of an entity Cohen ce President yped or Printed Name	•	1					

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