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To:			
	Division of	Corporations	
	Fax Number	: (850)617-6380	
_			

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

والمحادثة والمحافظة والمحادثة والمحادثة فالمحادثة والمحادية والمحادية والمحاد PH 12: 14 . . **REGISTERED AGENT CHANGE** CELIGO, INC. 2021 NOV - 3 Certificate of Status 0 . . Certified Copy 1 Page Count 02 . Estimated Charge \$43.75 Nov 4 2021 S. PRATHEF

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of California in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: <u>CELIGO, INC</u>

2. The principal office address: 1820 GATEWAY DR STE 260, SAN MATEO, CA 94404-4068

3. The mailing address (if different):

4. Date of incorporation/qualification: 6/12/2013 Document number: F13000002573

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enterresigned)

KELLY IZER

340 Shannon Ct NW

Fort Walton Beach, FL 32548

The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

nia: <u>Bell</u> gnature of an officer or director

Denise Bell, Attorney in fact Printed or typed name and life

Date

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my dutics, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change. C T Corporation System

By:

Signature of Registered Agent

11/02/2021

\_\_\_\_\_

If signing on behalf of an entity:

Kimberly Bowens, Assistant Secretary

Typed or Printed Name

\* \* \* 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)