Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000059259 3)))



H190000592593ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I201000000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:

9 FEB 20 AM !

REGISTERED AGENT CHANGE CNS RESEARCH SCIENCE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

FEB 2 1 2019

S. YOUNG

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help

→ 18506176380

pg 2 of 3 (((H19000059259 3)))

COVER LETTER

TO: Amendment Section Division of Corporations					
SUBJECT: CNS Research Science, Inc.					
Name of Corporation					
DOCUMENT NUMBER: F 13000003064					
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
J ustine Kamell					
Name of Contact Person					
Registered Agent Solutions, Inc.					
Firm/Company					
1701 Directors Blvd, Ste 300					
Address					
Austin, TX 78744					
City/State and Zip Code					
notices@rasi.com					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
J ustine Karnell Name of Contact Person Name of Contact Person					
Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a \$35.00 check made payable to the Department of State.					
Mailing Address: Amendment Section Street Address: Amendment Section					

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Clifton Building

15129570210

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

statement of cha	provisions of sections 607,0502, 617. mgc is submitted for a corporation or r to change its registered office or res	ganized under the laws of the	State of Delaware
1. The name of t	the corporation: CNS Research	S cience, Inc.	
2. The principal TEMPE,	office address: 2141 EAST BRC AZ 85282	DADWAY ROAD, SUI	TE 120
3. The mailing a	nddress (if different):		
4. Date of incorp	poration/qualification: 7/17/2013	Document number	F13000003064
	I street address of the current register rtment of State: (If resigned, enter resi CTCORPORATION S	igned)	-
	1200 SOUTH PINE ISLAND F	······································	P FEB
	PLANTATION	FL 333	24 8 20
6. The name and (if changed):	I street address of the new registered a	agent (if changed) and /or reg	gistered office
	Registered Agent Solution	s, Inc.	
	155 Office Plaza Dr., Suite	NOT acceptable	· · · · · · · · · · · · · · · · · · ·
	Tallahassee, FL 32301	пот ассрии	
The street address changed will	ess of its registered office and the str be identical.	eet address of the business o	ffice of its registered agent,
Such change wa authorized by th	as authorized by resolution duly adop ne board, or the corporation has been	oted by its board of directors notified in writing of the ch	or by an officer so ange.
151 Craix	Smith re of an officer or director	Craig Smith	Treasurer
I hereby accept I further agree to performance of agent. Or, if the	the appointment as registered agent to comply with the provisions of all s my duties, and I am familiar with an is document is being filed merely to t that the purporation has been notifie	and agree to act in this cape tatutes relative to the prope ad accept the obligation of m reflect a change in the regist	acity. r and complete ry position as registered
	IK	02/20/2019	
_	half of an entity:	Date	ç.
Justine Karr	nell - Assistant Secretary		
T	yped or Printed Name		