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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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SECRETARY OF STATE	2019 JAN 13
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE SUNPATH LTD. CORP. OF DELAWARE

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT, SUNPATH LTD, CORP, OF DELAWARE

Name of Corporation

DOCUMENT NUMBER: F13000003989

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:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

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705-7274

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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

statement of ch	e provisions of sections 607.0502, 617. hange is submitted for a corporation or ler to change its registered office or rej	ganized under the laws of the Sta	te of Delaware
	f the corporation: SUNPATH L al office address: 50 BRAINTREE HIL		
2. The principa	al office address: 50 07 07 17 17 12 2 17 12	e of the entropy of t	
3. The mailing	address (if different):		
4. Date of inco	prporation/qualification: 9/18/201	3 Document number: F	13000003989
	nd street address of the current register artment of State: (If resigned, enter resi REGISTERED AGENTS	igned)	
	155 OFFICE PLAZA DR	SUITE A	
	TALLAHASSEE	FL 32301	2019 SECF
6. The name ar (if changed)	nd street address of the new registered in the street address of t	agent (if changed) and /or register	2019 JAN 13 AM 9: 48 SECRETARY OF STATE TALLAHASSEE, FL
	155 Office Plaza D		
	Tallahassee P.O. Box	NOT acceptable FL 32301	—————————————————————————————————————
-	ress of its registered office and the str II be identical. was authorized by resolution duly adop		
authorized by	the board, or the corporation has been	notified in writing of the change	e.
/S/ James	Kelly sture of an officer or director	James Kelly Printed or typed traine	CFO
I hereby accep I further agree performance o agent. Or, if t	of the appointment as registered agent e to comply with the provisions of all s of my duties, and I am familiar with an his document is being filed merely to i m that the corporation has been notifie	statutes relative to the proper and ad accept the obligation of my po reflect a change in the regislered	d complete sition as revistered
<u> Mode</u>	ignature of Registered Agent	01/13/2020	·
If signing on b	ochalf of an entity:		
Mackenzie	Hart - Assistant Secretary		

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

Typed or Printed Name