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Division of Corporations

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From:

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Account Number : FCA000000023 : (614)280-3338 : (954)208-0845 Fax Number

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## REGISTERED AGENT CHANGE INCANDESCENT TECHNOLOGIES, INC.

Certificate of Status	0
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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, nove is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ion organized under the laws of the State of Nebraska	
in orde	er to change its registered office	or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: INCANDESCEN	NT TECHNOLOGIES, INC.	
2. The principal	office address: One World Trade	e Center Suite 83E NEW YORK, NY 10007	
3. The mailing	address (if different):	<u> </u>	
4. Date of incor	poration/qualification: 08/29/20	14 Document number: F14000003652	
	d street address of the current re- riment of State: (If resigned, enti-	gistered agent and registered office on file with the erresigned)	
	Morales, Denirae 1200 S PINE	ISLAND RD PLANTATION, FL 33324	
		and coast (if shaped) and (or reciprored office	
6. The name an (if changed):		tered agent (if changed) and /or registered office	
	C T Corporation System		
	c/o C T Corporation System, 1200 South Pine Island Road		
	Plantation, Florida 33324	O. Box. NOT acceptable	
The street addr	ess of its registered office and t	the street address of the business office of its registered agent,	- <del></del>
Such change wauthorized by t	as authorized by resolution duly he board, or the corporation has	y adopted by its board of directors or by an officer so seen notified in writing of the change.	1 1
Den	irse Morales	Denirae Morales/Dir. of HR and Operations  Printed or typed name and title	, " ‡
I hereby accept I further agree	the of in officer of director  I the appointment as registered to comply with the provisions of f my duites, and I am familiar with its document is being filed mere I that the corporation has been i	agent and agree to act in this capacity.  full statutes relative to the proper and complete with and accept the obligation of my position as registered ely to reflect a change in the registered office address, notified in writing of this change.	1 <u>1</u> 4
By: CTCo	rporation System	February 12, 2019	
Sil	grature of Registered Agent	Date	
If signing on be	ehalf of an entity Brian Muditer Assistant Secretary		
1	Typed or Printed Name	<u></u>	

\* \* \* 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 (03/12)