

F14 000000 3787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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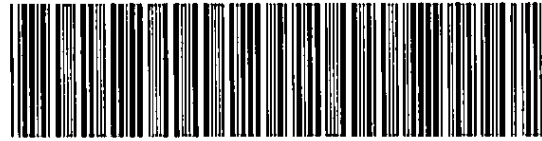
(Business Entity Name)

(Document Number)

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SECURITY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Aspira Labs, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F14000003787

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:

Julie Carrillo

Name of Contact Person

Aspira Labs, Inc.

Firm/Company

12117 FM 2244 Rd Bldg 3-100

Address

Austin, TX 78738

City/State and Zip Code

nstoica@aspirawh.com

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

For further information concerning this matter, please call:

Julie Carrillo

Name of Contact Person

at (512) 519-0431

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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 Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Aspira Labs, Inc.
2. The principal office address: \_\_\_\_\_
3. The mailing address (if different): 35 Nutmeg #260, Trumbull, CT 06611
4. Date of incorporation/qualification: Sep 08, 2014 Document number: F14000003787
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MEG WOHLFIEL

10068 BOYNTON PL CIR

BOYNTON BEACH, FL 33437

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

CT Corporation Ssystem

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation FL 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.

Tammy Tofteroo  
Signature of an officer or director

Tammy Tofteroo, VP

Printed or typed name and title

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 duties, 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, I hereby confirm that the corporation has been notified in writing of this change.

[Signature]  
Signature of Registered Agent

5/18/2021  
Date

If signing on behalf of an entity:

Robert Beecher CFO  
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

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SECRETARY OF STATE  
TALLAHASSEE, FL

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