Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

NOV 1 5 2016

Account Name

: C T CORPCRATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-333

Fax Number

(614)280-3338 : (954)208-0845

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

Email Address:

REGISTERED AGENT CHANGE SENTIS USA INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of chang	e is submitted for a corporation or	9502, 607.1508, or 617.1508, Florida Sta ganized under the laws of the State of <u>Co</u> gistered agent, or both, in the State of Flo	olorado
	corporation: SentisUSAInc.		
2. The principal of	fice address: 116 Inventess Drive Eas	st, Suite 290 Englewood, CO 80112	
3. The mailing add	ress (if different):		
4. Date of incorpo	ration/qualification: 09/22/2014	Document number: F14000003	989
	treet address of the current registere tent of State:(If resigned, enter resi	ed agent and registered office on file with gned)	i the
R	EGISTEREDAGENTSOLUTIONS,	INC.	
. 1	550FFICEPLAZADR.,SUITEA		 4
<u> </u>	ALLAHASSEE,FL32301		16 N
6. The name and s (if changed):	treet address of the new registered a	igent (if changed) and /or registered offic	ECANON 14
0	TCorporationSystem		2
c	oCTCorporationSystem,1200Sout	hPineIslandRoad	8 A
_		NOT acceptable	
<u> </u>	lantation,Florida33324		
The street address as changed will be	of its registered office and the street identical.	eet address of the business office of its	registered agent,
Such change was authorized by the	authorized by resolution duly adop board, or the corporation has been	ted by its board of directors or by an of notified in writing of the change.	ficer so
Small	.	SconWhite, VicePresident	
I hereby accept th I further agree to performance of m ayent. Or, if this hereby confirm th	y dulies, and I am familiar with an document is being filed merely to r at the corporation has been notifie	tatutes relative to the proper and compl d accept the obligation of my position a vellect a change in the revistered office o	s registered
CTCorpo By:	ration System Danis Bell	11/10/2016	
	are of Registered Agent	Date	
If signing on bcha	lf of an entity:		
DeniseBell			
Туре	d or Printed Name	TEE. 015 00 + + +	

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL32314
CR2E045 (03/12)