

F1500000471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

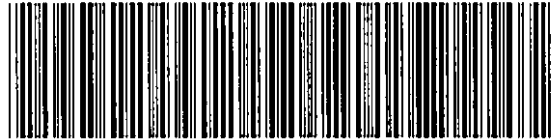
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200314383752

06/11/18--01036--003 ++\$5.00

FILED
18 JUN 11 AM 10:28
ST. LOUIS, MO
U.S. DISTRICT COURT
EASTERN DISTRICT

Flachy
R. WHITE
JUN 12 2018



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: June 7, 2018

Order#: 236509-004

Re: ENDPOINT CLINICAL, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

1. The name of the corporation: ENDPOINT CLINICAL, INC.
2. The principal office address: 55 FRANCISCO STREET, SUITE 200, SAN FRANCISCO, CA 94133
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 02/05/2015 Document number: F15000000470
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)

Cogency Global Inc.

115 North Calhoun St., Suite 4

Tallahassee

FL 32301

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

Corporation Service Company

1201 Hays Street

P.O. Box NOT acceptable

Tallahassee

FL 32301

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.

Jill E. Cilmi
Signature of an officer or director

Jill Cilmi, Vice President

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.

Corporation Service Company

By: Grace E. Kirby
Signature of Registered Agent

06/07/2018

Date

If signing on behalf of an entity:

Grace E. Kirby, Assistant Vice President

Typed or Printed Name

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

FILED
18 JUN 11 AM 10:29
TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF REVENUE