Division of Corporations Electronic Filing Cover Sheet

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(((H23000417024 3)))



H230004170243ABCX

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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

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

Emsti	Address:		
LIIGIT	MUUI C33.		

## REGISTERED AGENT CHANGE FLUXX LABS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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C:h 11d 9-55157

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## **COVER LETTER**

TO:

Amendment Section Division of Corporations

15129570210

SUBJECT:Fluxx Labs, Inc.	
Name of Corporation F1500002434	
DOCUMENT NUMBER: 1 13000002434	
The enclosed Statement of Change of Registered Office/Agent and fee are sul	bmitted for filing.
Please return all correspondence concerning this matter to the following:	20
Lori Whalen	2023 DEC -6 AM 9: 45
Name of Contact Person	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Registered Agent Solutions, Inc.	6
Firm/Company	SE A
Corporate Center One, 5301 Southwest Pkwy, Ste 400	<b>ب ب</b>
Address	三型型 <b>提</b>
Austin, Texas 78735	01
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Lori Whalen at ( 888 ) 70.	5-7274 aytime Telephone Number
Name of Contact Person Area Code & D	aytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.	
Mailing Address:  Amendment Section  Street Address:  Amendment Section	

**Division of Corporations** 

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

**Division of Corporations** 

Tallahassee, FL 32314

P.O. Box 6327

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

statement of cha	provisions of sections 607.050 nge is submitted for a corpora r to change its registered office	tion organizea	under the law	s of the State of	Delaware	
1. The name of t 2. The principal	he corporation: Fluxx Lal office address: 2261 Mar	bs, Inc.				
	ncisco, CA 94114					
	ddress (if different):	2015		. F1500	10002434	-
	poration/qualification: 5/26/2					-
	street address of the current retirement of State: (If resigned, en		and registere	d office on tile w	rith the ALL	<b></b>
	TRAC - THE REGI	STERED.	AGENT C	OMPANY	2-6	1
	236 E. 6TH AVENUE				inssi	
	TALLAHASSEE		FL	32303		?
6. The name and (if changed):	street address of the new region Registered Agent S	<b>.</b>	-	1/or registered of		ת
	2894 Remington G	reen Ln.	Ste. A		_	
	Tallahassee	P.O. Box NO FL	1 acceptable 32308	3	_	
The street addre as changed will	ss of its registered office and be identical.	the street add	ress of the bus	siness office of i	ts registered agent,	
Such change wa authorized by th	s authorized by resolution du the board, or the corporation ha	ly adopted by as been notifie	its board of d	lirectors or by an of the change.	officer so	
/s/ Jaclyn	Wright	Jac	clyn Wrigh	t	Authorized Pers	son
I hereby accept I further agree t of my duties, am document is bed corporation has	the appointment as registered o comply with the provisions of I am familiar with and acce ng filed merely to reflect a ch been notified in writing of th	of all statutes pt the obligati ange in the re	ree to act in t	ed or typed name and this capacity. This capacity. The proper and continuous registere The address, I here		? F
Mo	معن طالا	1	2/6/2023			
Sigr	nature of Registered Agent			Date		
If signing on bel	half of an entity:					
	r, Assistant Secretary					
Ту	rped or Printed Name *** F1	LING FEE:	\$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)