Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000014469 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (561)694-8107

: (561)214-8442 Pax Number

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

Email Address:

REGISTERED AGENT CHANGE CHRONOVO, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

CR2E045 (04/13)

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

•	rovisions of sections 607.0502, 617.0502, 607.1508,				
=	ge is submitted for a corporation organized under the				
	to change its registered office or registered agent, o	r noin, in the state of irtorial	2,		
1. The name of th	e corporation: Chronovo, Inc.				
2. The principal of	al office address: 78 BLANCHARD ROAD SUIT 206BURLINGTON, MA 01803				
3. The mailing ad	dress (if different):				
4. Date of incorpo	ration/qualification: 07/13/2015 Document number: F15000003096				
5. The name and	struct address of the current registered agent and regi- ment of State: (If resigned, enter resigned)			~	
(CT CORPORATION SYSTEM		No.	023	
- -	200 SOUTH PINE ISLAND ROAD		L AA	2023 JAN 1	
ı	LANTATION, FL 33324			_	
6. The name and s (if changed):	street address of the new registered agent (if changed) and /or registered office			A 8: 3	
. (orporate Creations Network Inc.				
8] BH US Highway I				
	P.O Box NOT acceptable				
1	orth Palm Beach, FL 33408				
The street address as changed will b	of its registered office and the street address of the	e business office of its regis	itered ag	ent,	
Such change was authorized by the	authorized by resolution duly adopted by its board board, or the corporation has been notified in write	of directors or by an office ing of the change.	r so		
- /.	Tasha Edwi	ards, Attorney-in-Pact			
, , , ,	dian officer or director	Printed or typed name and title		_	
of mylidulies, and document is being	le appointment as registered agent and agree to accomply with the provisions of all statutes relative if am familiar with and accept the obligation of my stiled merely to reflect a change in the registered of the notified in writing of this change.	t in this capacity, to the proper and complete position as registered agen office address, I hereby conj	perform 1. Or if firm that	ance this the	
1	01/11/2023				
Signal	ure of Registered Agent	Date		_	
If signing on beha	a f of an entity:				
Tasha Edwards, Sp	ocial Secretary				
Турк	ed or Printed Name				
	* * * FILING FEE: \$35.00 *	* *			
Mai	MAKE CHECKS PAYABLE TO FLORIDA DEPAR TO: DIVISION OF CORPORATIONS, P.O. BOX 6327	tment of State , Tallahassee, FL 32314			