

File0000000 278

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

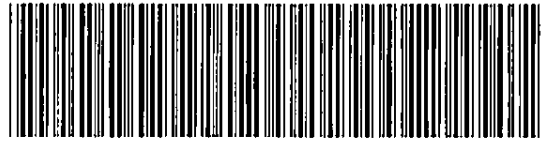
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100418431281

FILED

RECEIVED

2024 MAR 21 PM 12:18

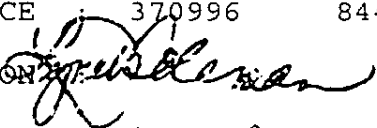
2024 MAR 21 PM 3:18

CLERK OF COURT
TALLAHASSEE, FLORIDA
CORRECTIONAL INSTITUTE
TALLAHASSEE, FLORIDA

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 370996 8440203

AUTHORIZATION 

COST LIMIT : \$ 35.00

ORDER DATE : March 20, 2024

ORDER TIME : 1:17 PM

ORDER NO. : 370996-007

CUSTOMER NO: 8440203

CHANGE OF AGENT

NAME: EARLENS CORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Shauna Godbolt

EXAMINER'S INITIALS: _____

**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: EARLENS CORPORATION
2. The principal office address: 4045A CAMPBELL AVENUE MENLO PARK, CA 94025

3. The mailing address (if different): _____
4. Date of incorporation/qualification: 01/19/2016 Document number: F16000000278
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. STE 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.

/s/ William M. Facteau

Signature of an officer or director

WILLIAM M. FACTEAU

CEO/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

Grace E. Kirby
Signature of Registered Agent

02/15/2024

Date

If signing on behalf of an entity:

Grace E. Kirby, Asst. Vice President

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

CR2E045 (04/13)

CSC 370996-7

FILED
2024 MAR 21 PM 12:18
TALLAHASSEE, FLORIDA
FLORIDA DEPARTMENT OF STATE