## 600001679

(Requestor's Nar	ne)
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(Čity/State/Zip/Pł	bne #)
PłCK-UP WAI	MAIL
(Business Entity	
(Document Numb	er)
⊬ red Copies Certif	cates of Status
3 : nal Instructions to Filing Officer.	
Office Us	e Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : 311726 5123532 AUTHORIZATION COST LIMIT : ORDER DATE : January 6, 2023 ORDER TIME : 8:11 AM ORDER NO. : 311726-019 CUSTOMER NO: 5123532 CHANGE OF AGENT NAME: VENTEC LIFE SYSTEMS, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

CERTIFIED COPY
PLAIN STAMPED COPY

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

	•	ons of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, ti	115
•	-	submitted for a corporation organized under the laws of the State of DE ange its registered office or registered agent, or both, in the State of Florida.	
1. The name of t	the corp	poration: VENTEC LIFE SYSTEMS INC	
2. The principal	office	address: 22002 26th Ave SE Bothell, WA 98021	
<del>-</del>		(if different):	
4. Date of incorp	poratio	n/qualification: 04/11/2016 Document number: F16000001679	
		address of the current registered agent and registered office on file with the f State: (If resigned, enter resigned)	2023 JAH
	FOW	LER, DAVID	ΛĹ
	1774	WINDSOR AVENUE SE	10
	PALN	BAY FL 32909 .=.	<b>≥</b> :
6. The name and (if changed):	l street	address of the new registered agent (if changed) and /or registered office	AH 10: 06
	Corpo	ration Service Company	
	1201	Hays Street	
		P.O. Box NOT accepiable	
	Tallah	assee FL 32301	
The street addre	ss of it be ider	s registered office and the street address of the business office of its registere tical.	d agent
Such change ya authorized byth	s authore	rize by resolution duly adopted by its board of directors or by an officer so it, or the corporation has been notified in writing of the change.	
(1)	14	Jack Fiedor Secreta	ry
7		ficer or director Printed or typed name and title	
I further agree to of my duties; and document is bein corporation has Corporation	o comp d Lam ng filed been n Serv	ointment as registered agent and agree to act in this capacity. It with the provisions of all statutes relative to the proper and complete performiliar with and accept the obligation of my position as registered agent. Confirming the reflect a change in the registered office address, I hereby confirming of this change.  I the company	ormanc or if thi that the
By: Drage	<u> </u>	01/06/2023	
Sign	ature of I		
If signing on bel	ialf of	an entity:	
Grace E. Kirby, A		ce President	
13	peu ur Pr	* * * FILING FEE: \$35.00 * * *	
Ma		Make checks payable to Florida Department of State Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314	

CR2E045 (04/13)