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.

(((H18000302247 3)))



H180003022473ABC.

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007

Phone : (702)866-2500 Fax Number : (702)866-2689

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

Email Address:

### REGISTERED AGENT CHANGE

### FIREBURD ANALYTICAL SOLUTIONS AND TECHNOLOGIES INC.

| Certificate of Status | 0       |  |
|-----------------------|---------|--|
| Certified Copy        | 0       |  |
| Page Count            | 02      |  |
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OCT 1 9 2018

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### **COVER LETTER**

| Division of Corporations  |   |  |  |
|---|---|--|--|
| EIDERION ANALYTICAL COLUTIONS   | AND TECHNICAL COLECUMA                  |  |  |
| SUBJECT: FIREBIRD ANALYTICAL SOLUTIONS Name of Cor                        | poration                                |  |  |
|   | •                                       |  |  |
| DOCUMENT NUMBER: F160   | 00001816                                |  |  |
| The enclosed Statement of Change of Registered Office/                    | Agent and fee are submitted for filing. |  |  |
| Please return all correspondence concerning this matter t                 | to the following:                       |  |  |
|   |   |  |  |
| Brittney Winder Name of Contact Person                                    |   |  |  |
| Name of Contr   | act Person                              |  |  |
| InCorp Services, Inc.   |   |  |  |
| Firm/Company  |   |  |  |
| 3773 Howard Hughes Pkwy Suite 500S  |   |  |  |
| Addres  | 95                                      |  |  |
| Las Venne NV  | 00460 BD44                              |  |  |
| Las Vegas, NV 89169-8014  City/State and Zip Code                         |   |  |  |
| enyone and  | any code                                |  |  |
| Documents@incorp.com  |   |  |  |
| E-mail address: (to be used for future annual report notification)        |   |  |  |
|   |   |  |  |
| For further information concerning this matter, please cal                | ll:                                     |  |  |
| D 14 148 1  |   |  |  |
| Brittney Winder on behalf of InCorp Services, Inc. Name of Contact Person | at ( 600 ) 246-2677                     |  |  |
| ranajor contract Atabu  | Area Cout & Dayume Telephone Number     |  |  |
| Enclosed is a \$35,00 check made payable to the Departme                  | ent of State.                           |  |  |
|   |   |  |  |
| Mailing Address: Amendment Section  | Street Address:                         |  |  |
|   | Amendment Section                       |  |  |
| Division of Corporations  | Division of Corporations                |  |  |
| P.O. Box 6327   | Clifton Building                        |  |  |
| Tallahassee, FL 32314   | 2661 Executive Center Circle            |  |  |
|   | Tallahassee, FL 32301                   |  |  |

CR2E045 (03/12)

# H180003022473

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

| statement of change is submitted for a corporation of change in order to change its registered office of the change its registered office of the change its registered of the change its regis | on organized under the laws of the St   | ate of Virginia  |
|--|---|--|
| I. The name of the corporation: FIREBIRD AN  | _   | •  |
| 2. The principal office address: 3033 Wilson B   |   |  |
| 3. The mailing address (if different):   |   |  |
| 4. Date of incorporation/qualification: 04/1   | 18/2016Document number:   | F16000001816   |
| 5. The name and street address of the current reg<br>Florida Department of State: (If resigned, ente   | istered agent and registered office on<br>r resigned)   | file with the  |
| FU FU  | FULOP, MARIE  |  |
| 12730 New Brittany Blvd, Sulte 400   |   | 表記   |
| Fort ₩   | Fort Myers, FL 33907  |  |
| <ol><li>The name and street address of the new registe<br/>(if changed);</li></ol>   | ered agent (if changed) and /or register  | red office   |
| InCor  | rp Services, Inc.   | · ঈ  |
| 17888  | 67th Court North  | <del></del>  |
| P.O.   | Box NOT acceptable  |  |
| Loxaha   | tchee, FL 33470   |  |
| The street address of its registered office and the as changed will be identical.  Such change was authorized by resolution duly authorized by the board, or the corporation has hearth or |   |  |
| a landulk I  | Michelie Stanley, Chief C   |  |
| Bignature & an officer of director   | Printed or typed same   |  |
| I hereby accept the appointment as registered as<br>I further agree to comply with the provisions of<br>performance of my duties, and I am familiar with<br>agent. Or, if this document is being filed merely<br>hereby confirm that the corporation has been no   | gent and agree to act in this capacity<br>all statutes relative to the proper and<br>h and accept the obligation of my po<br>to reflect a change in the registered<br>tified in writing of this change. | i<br>d complete<br>sitton as registered<br>l office address, ] |
| 5  | October 15,   | 2018   |
| Signature of Registered Agent  | Deto  |  |
| if signing on behalf of an entity:   |   |  |
| Brittney winder on behalf InCorp Services, In<br>Typed or Printed Name   | nc.   |  |
| * * * FILL!  | NG FEE: \$35.00 * * *   |  |
| MARROMENALLAND   | TO Process 1 Dec. 1 11 1  |  |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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