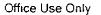
F/6000003689

| (Re | questor's Name) | | | |
|---|-------------------|-----------|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (Cit | y/State/Zip/Phone | #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Do | cument Number) | . 202 | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 12, 2019

Order#: 768673-006

Re: ASENTRIA CORPORATION

Enclosed please find:

XX Change of Registered Agent and Office.

 $XX_{\underline{}}$ Check in the amount of \$35.....

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

)

| statement of cha | nge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Flor organized under the laws of the State registered agent, or both, in the State | e of WA | | |
|---|---|---|---------------------------------|--|--|
| 1. The name of t | he corporation: ASENTRIA CORP | ORATION | | | |
| | office address: H ST SEATTLE WA 98103 | | | | |
| 3. The mailing a | ddress (if different): | | | | |
| 4. Date of incorp | poration/qualification; 08/17/2016 | Document number: F16 | 000003689 | | |
| | street address of the current regist tment of State: (If resigned, enter re | ered agent and registered office on fi esigned) | le with the | | |
| | REGISTERED AGENT SOLUTIONS, INC | | | | |
| | 155 OFFICE PLAZA DR, STE A | | | | |
| | 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 PO Box NOFacceptable | | | | |
| | Tallahassee | FL 32301 | | | |
| Such change wa | s authorized by resolution duly ad | street address of the business office | an officer so | | |
| authorized by th | e board, or the corporation has be | en notified in writing of the change. | | | |
| Sionalid | xer & COmit | Jill Cilmi, Vice President Printed or typed name and title | | | |
| I further agree to performance of agent. Or, if thi hereby confirm | o comply with the provisions of al my duties, and I am familiar with | ent and agree to act in this capacity. Il statutes relative to the proper and and accept the obligation of my pos o reflect a change in the registered i | complete ition as registered | | |
| • | aca Catuble | 05/30/2019 | | | |
| Sign | nature of Registered Agent | Date | | | |
| If signing on bel | nalf of an entity: | | | | |
| | Asst. Vice President | | | | |
| Ty | ped or Printed Name | | | | |

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

* * * FILING FEE: \$35.00 * * *