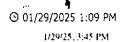
Division of Corporations





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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 : (561)694-8107 Fax Number : (561)214-8442

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 WYNNE SYSTEMS, INC.

Certificate of Status	0
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Help

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

	•	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of California	
in orde	r to change its registered office or req	gistered agent, or both, in the State of Florida.	
1. The name of	the corporation: WYNNE SYSTEMS.	INC.	
2. The principal	office address: 2601 Main Street, Suite	2700, Irvine, CA 92614	- -
			_
4. Date of incorp	poration/qualification: 10/11/2016	Document number: F16000004560	_ .
	d street address of the current registerentment of State: (If resigned, enter resi	ed agent and registered office on file with the igned)	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION, FL 33324		
6. The name and (if changed):	d street address of the new registered a	agent (if changed) and /or registered office	
	United Agent Group Inc.		
	801 US Highway 1		
	P.O North Palm Beach, FL 33408). Box NOT acceptable	
The street addre as changed will	ess of its registered office and the str be identical.	reet address of the business office of its registered agen-	ŧ,
Such change wa authorized by th	as authorized by resolution duly ado ne board, or the corporation has beer	pted by its board of directors or by an officer so inotified in writing of the change.	
Adia Mi	Les re of an officer or director	Adia Myles, Attorney-in-Fact	20
Signifa	re of an officer or director	Printed or typed name and title	25
l further agrée : of my duties, an docúment is bei	d I am familiar with and accept the	statutes relative to the proper and complete perfor man e obligation of my position as registered agent. Or if th n the registered office address, I hereby confirm that th	is 29 in
Adia My	les	1/29/2025	β C
G ig	nature of Registered Agent	Date Orn	23
If signing on be	half of an entity:	**	<u> </u>
Adia Myles, Spe	cial Secretary		
1	yped or Printed Name		

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