1217000001306

(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:				

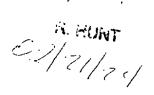
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CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

, . ·*

ACCOUNT NO. : I2000000195				
REFERENCE : 325940 8384485				
AUTHORIZATION :				
COST LIMIT : \$ 35.00				
ORDER DATE : February 20, 2024				
ORDER TIME : 9:25 AM				
ORDER NO. : 325940-013				
CUSTOMER NO: 8384485				
- 				
CHANGE OF AGENT				
NAME: SEMA4 OPCO, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY				
XX PLAIN STAMPED COPY				
CONTACT PERSON: Alexxis Weiland-sorenson				

EXAMINER'S INITIALS:

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

statement of cha	nge is submitted for a corporation or	0502, 607.1508, or 617.1508, Florida ganized under the laws of the State of gistered agent, or both, in the State of	DE	
1. The name of	the corporation: SEMA4 OPCO, INC.			
2. The principal				
3. The mailing a	address (if different):			
4. Date of incorporation/qualification: 03/21/2017 Document number: F17000001306				
	d street address of the current registerent street and state: (If resigned, enter resigned)	ed agent and registered office on file vigned)	vith the	
	C T CORPORATION SYSTEM		~)	
	1200 SOUTH PINE ISLAND ROAL)	_:	
	PLANTATION	FL 33324	•	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	Corporation Service Company		office	
1201 Hays Street				
	Tallahassee	Box NOT acceptable FL 32301		
The street addre	ess of its registered office and the str be identical.	reet address of the business office of	— its registered agent.	
		pted by its board of directors or by an inotified in writing of the change.		
/S/ Kevin Feeley		Kevin Feeley	CFO	
Signature of an officer or director		Printed or typed name and	title	
I further agree to of my duties, an document is beil corporation has	the appointment as registered agent to comply with the provisions of all s d I am familiar with and accept the ng filed merely to reflect a change in been notified in writing of this char n Service Company	statutes relative to the proper and co obligation of my position as register on the registered office address, I here	mplete performance ed agent. Or, if this by confirm that the	
By: Maca C-Kinby Signature of Registered Agent		2/19/2024		
J		Daie		
If signing on be	half of an entity:			
	Asst. Vice President			
t)	•	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)