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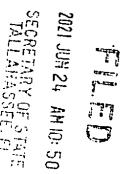
(Re	questor's Name)			
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
•	·	•		
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Special Instructions to	Filing Officer:			





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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: Rachel Pietropolo rachael.pietropolo@cscglobal.com

Date: June 22, 2021

Order#: 875534-001

Re: ISTONISH, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Rachel Pietropolo

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.

OUCA.XCOA

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

•	provisions of sections 607.0502, 617. nge is submitted for a corporation or	•	' '		this:	
	r to change its registered office or re	-			-	_
1. The name of t	he corporation: ISTONISH, INC.					
2. The principal	office address: 5500 GREENWOOD	PLAZA BLVD, SUITI	E 130			
•	VILLAGE CO 801					_
3. The mailing a	ddress (if different):					
4. Date of incorp	poration/qualification: 10/20/2017	Document n	umber: F17000	0004744		
	street address of the current register trnent of State: (If resigned, enter res	_	d office on file w	rith the		
	C T CORPORATION SYSTEM			_		
	1200 SOUTH PINE ISLAND ROAL	0		- 40	~ `	
	PLANTATION	FL	33324	ZY ZY	2021	
6. The name and (if changed):	street address of the new registered	agent (if changed) and	i /or registered of	Lice It as	2021 JUN 24	j '75
	Corporation Service Company	<u> </u>		도면		3
	1201 Hays Street			1757 1757	AH 10:	200
	PC). Box NOT acceptable		rn	50	
	Tallahassee	FL	32301	-		
The street addre as changed will	ss of its registered office and the str be identical.	reet address of the bu	siness office of i	ts register	red age	nt,
Such change wa authorized by th	is authorized by resolution duly ado the board, or the corporation has been	pted by its board of d i notified in writing o	lirectors or by an of the change.	officer s	٥	
AN I	Dan	David Dawson,	Treasurer			
•	e of an officer or director		ed or typed name and t			
corporation nas	the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this chai n Service Company	t and agree to act in t statutes relative to the obligation of my post n the registered office nge.	this capacity, e proper and coi ition as registere e address, I here	mplete pe d agent. by confin	rforma Or, if m that	mce this the
By: Wha	ca CANDLe	06/22/202	į			
Sign	nature of Registered Agent		Date			_
If signing on be	half of an entity:					
Grace E. Kirby,	Asst. Vice President					
Ty	ped or Printed Name					

* * * FILING 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)