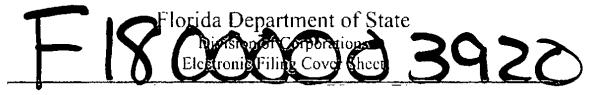
7/11/22, 10:26 AM

Division of Corporations



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.

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PM 12: 26	From:		: (850)617-6380 : C T CORPORATION SYSTEM r : FCA000000023 : (954)208-0845	ECRETALY OF STATE TALLAPASSEE, FI
2022 JUL -8	**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 SAGE LABS, INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$43.75

A. BUTLER JUN 12 2022

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Help

From: Lexus W

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

Pursuant to the provisions of sections 607.0502, 617.05 statement of change is submitted for a corporation orga in order to change its registered office or regis	mized under the laws of the State of Delaware				
1. The name of the corporation: Sage Labs, Inc					
2. The principal office address: No Change					
3. The mailing address (if different): No change					
4. Date of incorporation/qualification: 8/20/2018	Document number: F18000003920				
5. The name and street address of the current registered Florida Department of State; (If resigned, enter resign					
Corporation Service Company					
1201 Hays Street	1201 Hays Street				
Tallahassee, FL 32301-2525	Tallahassee, FL 32301-2525				
6. The name and street address of the new registered age (if changed);	ent (if changed) and /or registered office				
C T Corporation System					
1200 South Pine Island Road	1200 South Pine Island Road				
P.O. B Plantation, Florida 33324	ox NOT acceptable				
The street address of its registered office and the stree as changed will be identical.	t address of the business office of its registered agent,				
Such change was authorized by resolution duly adopte authorized by the board, or the corporation has been n	ed by its board of directors or by an officer so officed in writing of the change.				
Tell	Tracy Kellner, Attorney-In-Fact				
Signature of an officer or director	Printed or typed name and title				
I hereby accept the appointment as registered agent a I further agree to comply with the provisions of all sta of my duties, and I am familiar with and accept the ob document is being filed merely to reflect a change in t corporation has been notified in writing of this change	nd agree to act in this capacity. thites relative to the proper and complete performance digation of my position as registered agent. Or, if this he registered office address, I hereby confirm that the e.				
CT Corporation System Sharry McGinius	07/08/22				
Signature of Registered Agent	Date				
If signing on behalf of an entity:					
Sherry McGinnes					
Typed or Printed Name					
* * * FILING F	EE: \$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)

By: