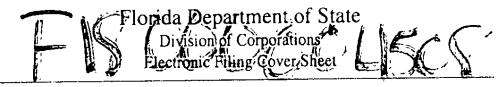
1/19/23, 10:29 AM

Division of Corporations



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(((H23000023095 3)))



H230000230953ABCY

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Division of Corporations

Fax Number : (850)617-6380

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC

Account Number : 110432003053 Phone : (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:						
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REGISTERED AGENT CHANGE NATURAL INTELLIGENCE TECHNOLOGIES INC.

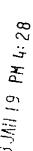
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	inge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Delaware
		registered agent, or both, in the State of Florida. LIGENCE TECHNOLOGIES INC.
	office address: 500 W Yorba Road!	
3. The mailing a	uddress (if different):	
4. Date of incorp	poration/qualification: 09/25/2018	Document number: F18000004508
	d street address of the current registement of State: (If resigned, enter a	tered agent and registered office on file with the resigned)
	Registered Agent Solutions, Inc.	
	155 Office Plaza Dr.Suite A	resigned) 2023 JAN 19
	Tallahassee, FL 32301	
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office
	Corporate Creations Network Inc.	1 · · ·
	801 US Highway 1	
	North Palm Beach, I-L 33408	P.O. Box NOT acceptable
The street addre	ss of its registered office and the be identical.	street address of the business office of its registered agent,
Such change was	sauthorized by resolution duly a c board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.
	_ (Tasha Edwards, Attorney-in-Fact
,,	e of an office: or director the appointment as registered age o comply with the provisions of a d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this ch	Printed or typed name and title ent and agree to act in this capacity. It statutes relative to the proper and complete performance ne obligation of my position as registered agent. Or, if this e in the registered office address, I hereby confirm that the tange.
1_		1/19/2023
/	nalf of an entity;	Date
Fasha Edwards, S		
	ped or Printed Name	

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