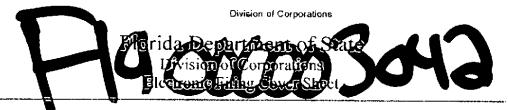
9/18/2019



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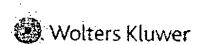
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Thank You,

Aubrey Weibel Fulfillment Associate CT Corporation

Team (614) 280-3338
GlobalFulfillmentTeam@wolterskluwer.com



1209 N Orange Street Wilmington, DE 19801 www.wolterskluwer.com

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2019 SEP 18 All 9:53

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

statement of cha	ange is submitted for a corpora	12, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ution organized under the laws of the State of	
	the corporation; ALTOPHASE,	·	
		Hvd. Suite 109. Naples, FL 34116	_
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 06/19/2	019 Document number: F19000003042	_
	d street address of the current returnent of State: (If resigned, ea	registered agent and registered office on file with the nter resigned)	
	WALKER, AUDRINE M		
	12975 COLLIER BLVD, STE		
	NAPLES, FL 34116	stered agent (if changed) and /or registered office	- T
6. The name and (if changed):	d street address of the new regi	stered agent (if changed) and /or registered office ANIO: 40	
	C T Corporation System		+2
	c/o C T Corporation System, 12		
	Plantation, Florida 33324	P.O. Box NOT acceptable	
The street addreas changed will	ess of its registered office and be identical.	the street address of the business office of its registered agent,	
		ly adopted by its board of directors or by an officer so as been notified in writing of the change.	
Make	alie Pickens	Natalie Pickens-Authorized Person	
I further agree to performance of agent. Or, if the hereby confirm	to comply with the provisions my duties, and I am familiar v is document is being filed mer that the corporation has been	Printed or typed name and title I agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered well to reflect a change in the registered office address, I enotified in writing of this change.	
By: CT Cor	porativn System	09/09/2019	
Sign	nature of Registered Agent	Date	
If signing on be	half of an entity;		
	evelle-Asst, Secretary		
T	yped or Printed Name		

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