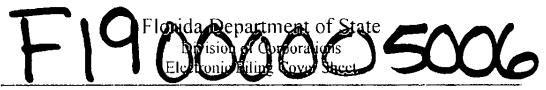
7/6/22, 10:06 AM

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6389

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845

Fax Number : (614)573-3996

رز: بعقباتا **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 CEREBRAL, INC.

Certificate of Status	0
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A. BUTLER

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Corporate Filing Menu

Help

To:

FOR CORPO Pursuant to the p	RATIONS . provisions of sections 607.0502, 61	7.0502, 607.1508, or 617.1508, Florida Storganized under the laws of the State of N	atutes, this
•	• •	registered agent, or both, in the State of Flo	_
1. The name of t	he corporation: CEREBRAL, INC.		
2. The principal	office address: 93 DELANNOY AV	E #306 COCOA, FL 32922	
3. The mailing a	ddress (if different):		
4. Date of incorporation/qualification: 10/28/2019 Document number: F19000005006			006
5. The name and		ered agent and registered office on file with	
	JOHN MCMILLAN		. 23
	3330 POSEIDON WAY		EECH SECH
	INDIALANTIC, FL 32903		2022 JUL-6 SEGRETAR
6. The name and (ifchanged):	street address of the new registere	d agent (if changed) and /or registered offic	<u></u>
	C T Corporation System		一百 6
	1200 South Pine Island Road		
	Plantation, Florida 33324	P.O Box NOT acceptable	
	Prantation, Plorida 55524		
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of its	registered agent,
Such change wa authorized by th	is authorized by resolution duly ac ie board, or the corporation has be	dopted by its board of directors or by an open notified in writing of the change.	fficer so
	Julie Xu	Julie Xu, Secretary	
~	e of an officer or director	Printed or typed name and title	
I hereby accept I further agree to of my duties, and document is bei- corporation has	the appointment as registered age o comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this cl	ent and agree to act in this capacity. Il statutes relative to the proper and comp ne obligation of my position as registered e in the registered office address, I hereby ange.	olete performance agent. Or, if this confirm that the
C T Corporation	System Juda Jujat.	06/20/2022	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity:		
SANDRA ZWIJA	ACK, ASSISTANT SECRETARY		
Ту	ped or Printed Name		
	* * * FILIN	G FEE: \$35.00 * * *	
M		O FLORIDA DEPARTMENT OF STATE NS, P.O. BOX 6327, TALLAHASSEE, FL 32	2314

CR2E045 (04/13)

By: