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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 fax Number ; (614)573-3996

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## REGISTERED AGENT CHANGE BIONESS INC.

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To:

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

statement of ch	e provisions of sections 607.0502, 617.0, ange is submitted for a corporation org ler to change its registered office or regi	anized under the laws of the State of $\Gamma$	Delaware		
1. The name of	the corporation: Bioness Inc.				
	d office address: 25103 Rye Canyon Loop	o, Valencia, CA 91355			
	address (if different):				
4. Dateofincorp	poration/qualification: 12/17/2019	Document number: F1900000	5579		
	nd street address of the current registered artment of State: (If resigned, enterresig		h the		
	Bioness Inc				
	1200 South Pine Island Road				
	Plantation, FL 33324		<b>2024</b> 8 <u>5 0</u> 0		
6. The name an (ifchanged):	id street address of the new registered ag	gent (if changed) and /or registered offi	2024 FEB 15		
	C T Corporation System		AN SSE		
	1200 South Pine Island Road				
	P.O Box SOI acceptable Plantation, Florida 33324				
The street addr as changed will	ress of its registered office and the stree I be identical.	et address of the business office of its	registered agent.		
Such change wauthorized by t	ras authorized by resolution duly adopt he board, or the corporation has been t	ed by its board of directors or by an contilled in writing of the change.	officer so		
	Kan toore	KARA KOSOSEC, ASSISTANT SECRETARY			
_	ure of an officer or director	Printed or typed name and title			
I hereby accept I jurther agree of my duties, ar document is be corporation ha	I the appointment as registered agent of to comply with the provisions of all stand I am familiar with and accept the or sing filed merely to reflect a change in its been notified in writing of this chang	nd agree to act in this capacity, atutes relative to the proper and complication of my position as registered the registered office address. I herebyte.	plete performance agent. Or, if this y confirm that the		
C T Corporation	n System See Comme Co	02/14/2024			
Sig	gnature of Registered Agent	Date			
If signing on be	chalf of an entity:				
SEAN L. EMER	RICK, ASSISTANT SECRETARY				
1	Typed or Printed Name				
	* * * FILING F	FEE: \$35.00 * * *			

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, F1, 32314 cr2e045 (04/13)

By: