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2022 JUN - 1

Division of Corporations

Fax Number : (850)617-6380

Account Name : TELOS LEGAL CORP.

Account Number : I20180000004

Phone : (888)565-2837 Fax Number : (888)565-2901

\*\*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 ISOMETRIC TECHNOLOGIES INC.

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Certificate of Status	0	
Certified Copy 0 2 2022	0	
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chai	nge is submitted for a corporation	617.0502, 607.1508, or 617.1508, Florida St n organized under the laws of the State of <u>De</u> r registered agent, or both, in the State of Fla	elaware	nis 	-
L. The name of th	ne corporation: Isometric Technol	logies Inc.			
	office address: 383 Arkansas Stree				-
3. The mailing ac	ddress (if different): 9450 SW Ge	mini Dr, PMB 73938, Beaverton, OR 97008-71	105		_
		Document number: F20000002			
	street address of the current regi- ment of State: (If resigned, enter	stered agent and registered office on file with resigned)	h the		
	C T CORPORATIO	N SYSTEM			
1200 SOUTH PINE ISLAND ROAD					
	PLANTATION, FL	33324	<u> </u>		
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or registered offic	CRETAR ALLAH	7872 JUN -1 PM 2:2	9
Telos Legal Corp.			ASS ASS	- -	f
	155 Office Plaza Drive		EE.F		٦
P.O. Box NOT acceptable Tallahassee FL 32301		ATE.	:2:		
The street address changed will	ss of its registered office and the be identical.	e street address of the business office of its	registere	ed agen	t,
Such change was authorized by the	s authorized by resolution duly cooporation has be	adopted by its board of directors or by an obeen notified in writing of the change.	officer so		
`	0_	Brian Cristol - CEO			
•	e of an officer or director	Printed or typed name and little			
I hereby accept a further agree to of my duties, and document is being corporation has	the appointment as registered a o comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this c	gent and agree to act in this capacity, all statutes relative to the proper and comp the obligation of my position as registered ge in the registered office address. I hereby change.	olete pert agent. ( ⁄ Confirm	forman Or, if th that th	ce is ie
اث	findipase	6/1/2022			
Sign	ature of Registered Agent	Date			
If signing on bel	nalf of an entity:				
Susan Boa	<u> </u>	_			
Ty	ped or Printed Name	NO PPP. 625 00 4 4 4			

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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