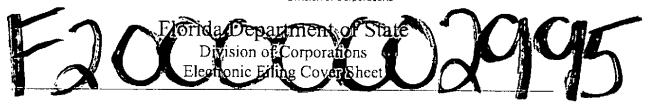
1/17/23, 3:51 PM

Division of Corporations



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(((H23000019962 3)))

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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 : (844)386-0178 Fax Number : (214)317-4754

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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REGISTERED AGENT CHANGE IPEC, INC.

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To: 18506176380 From: 14693173436 Date: 01/17/23 Time: 9:53 PM Page: 02/02

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS (((H23000019962 3)))

Pursuant to the provisions of sections 607.0502, 617 statement of change is submitted for a corporation of the moder to change its registered office or re		
1. The name of the corporation: IPEC, Inc.		
2. The principal office address: 900 North Michigan A	venue.Chicago, IL, US, 60611	- -
3. The mailing address (if different)		_
4. Date of incorporation qualification: 07/02 2020	Document number: F20000002995	
5. The name and street address of the current register Florida Department of State: (If resigned, enter res	red agent and registered office on file with the signed)	
CT CORPORATION SYSTEM		
1200 SOUTH PINE ISLAND ROAD		
PLANTATION, FL 33324		
(if changed): LEGALING CORPORATE SERVICE 476 Riverside Ave	ES INC	
	D Box NOT acceptable SCI	****
Jacksonville, FL, 32202	CREATE AND	71
The street address of its registered office and the str as changed will be identical.	reet address of the business office of its registered agent	, m
Such change was authorized by resolution duly adopath or the corporation has been	pted by its board of directors or by an officer so i notified in writing of the change. Tammy R. Page: Vice President	
Tammy R Page Signature of an officer or defector		ž
hereby accept the appointment as registered agent further agree to comply with the provisions of all soft my duties and I am familiar with and accept the	runted or typed have sha tale t and agree to act in this capacity, statudes relative to the proper and complete performanc obligation of my position as registered agent. Or, if thi in the registered office address, I hereby confirm that the ige.	e 8 9
Cha wa	1/17/2023	
Signature of Registered Agent	Date	
f signing on behalf of an entity:		
Brik Treutlem Typed of Printed Name	(((H23000019962 3)))	

* * * FILING FEE: \$35,00 * * *