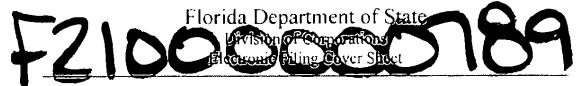
2/28/22, 11:43 AM

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone : (614)573-3996 Fax Number

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 SIGNAVIO, INC.

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Corporate Filing Menu

Help

By:

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

From: Lexus Wingo

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, thi organized under the laws of the State of DE	is
in orde	r to change its registered office or	registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: SIGNAVIO, INC.		
2. The principal	office address: 800 DISTRICT AVI	E. STE. 180 BURLINGTON, MA 01803	
3. The mailing a	ddress (if different):		
4. Dateofincorpo	oration/qualification: 02/09/2021	Document number: F21000000789	
5. The name and		tered agent and registered office on file with the	
	CORPORATION SERVICE COM	PANY	
	1201 HAYS STREET		ĵi}
	TALLAHASSEE, FL 32301-2525][77] FE3
6. The name and (ifchanged):	I street address of the new registere	ed agent (if changed) and /or registered office	93
	C T Corporation System		
	1200 South Pine Island Road		uninj
P.O. Box NOT acceptable			
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and the be identical.	street address of the business office of its registered	d agent.
Such change was authorized by the	is authorized by resolution duly a ne board, or the corporation has bo	dopted by its board of directors or by an officer so een notified in writing of the change.	
C D		Gero A. Decker, President & CEO	
I hereby accept I further agree to of my duties, an document is bei	to comply with the provisions of a	Printed or typed name and little ent and agree to act in this capacity. Ill statutes relative to the proper and complete perfi- the obligation of my position as registered agent. O e in the registered office address, I hereby confirm thange.	ormane Ir, if thi, that the
Corporation	System	2/28/2022	
	indure of Registered Agent	Date	
If signing on be	half of an entity:		
Sherry McGinne	s, Assistant Secretary		
T	sped or Printed Name		