Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:_____

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REGISTERED AGENT CHANGE INTRESYS, INC.

Certificate of Status	0
Certified Copy	l
Page Count	02
Estimated Charge	\$43.75

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A. LUNT

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Corporate Filing Menu

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

statement of ch	unge is submitted for a corporation org	2502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of Delawate	-	
	-	istered agent, or both, in the State of Florida.		
1. The name of	the corporation: INTRESYS, INC.			
2. The principal office address: 1301 Shoreway Rd # 190, Belmont, CA 94002 3. The mailing address (if different): 3025 Windward Plaza, Sk 200, #Alphare Ha				
	d street address of the current registere artment of State: (If resigned, enter resigned	d agent and registered office on file with the gned)		
	VCORP SERVICES, LLC			
	5011 SOUTH STATE ROAD 7 SUITE	E 106 DAVIE, FL 33314	2021	15 o
			202 1 DEC 2	- 주2 - 약3
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			0	COST
	C T Corporation System		AH (C	
	1200 South Pine Island Road			: : :
	F.O.	Box NOT acceptable	~	-4-
	Plantation, Florida 33324			
The street addr	ess of its registered office and the stre l be identical.	eet address of the business office of its registered ager	ıt,	
Such change wauthorized by t	as authorized by resolution duly adop the board, or the corporation has been	oted by its board of directors or by an officer so notified in writing of the change.		
	mid altrate	David A. Winters CFO & Secretary	_	
I hereby accept further agree of my duties, a document is he corporation ha	the appointment as registered agent to comply with the provisions of all s nd I am familiar with and accept the c ling filed merely to reflect a change in the been notified in writing of this chan	Printed or typed name and tale and agree to act in this capacity, tatutes relative to the proper and complete performan phligation of my position as registered agent. Or, if the the registered office address, I hereby confirm that to ge.	ice iis he	
CT Corporation Tananay Toftenen	n System	12/20/2020		
	gnature of Registered Agent	Date	-	
If signing on b	ehalf of an entity:			
Tammy Tofte	roo, VP			
	Typed or Printed Name			
	* * * FILING	FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: