F2100001667

(R	equestor's Name)	
(Ā	ddress)	
(Ai	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
ಿ Copies	Certificates o	of Status
nal Instructions to File	ing Officer:	
	 	

Office Use Only



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1/21/2023



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	01/25/2023	
	Greg Pintacuda	
Reference #	#: 1888377	<u></u>
		MI LABS, INC
☐ Articl	les of Incorporation/Authorization	on to Transact Business
☐ Ame	ndment	
✓ Char	nge of Agent	
Rein	statement	
☐ Conv	version	
☐ Merg	er	
Disso	olution/Withdrawal	
☐ Fictit	ious Name	
Othe	r	
Authorized /	Amount: \$35	

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

statement of change is	submitted for a corporation	7.0502, 607.1508, or 617.1508, Flor organized under the laws of the State	of Delaware
	poration:	registered agent, or both, in the State MIAMI LABS, INC	•
	address: No Change		
3. The mailing address	(if different):		
4. Date of incorporatio	n/qualification: March 1	9, 2021 Document number:	F21000001667
	address of the current regist of State: (If resigned, enter r	ered agent and registered office on ti esigned)	le with the
	Corporation S	Service Company	207 — 355
	1201 H	ays Street	ZOZ3 JAN 25 SEGREDARA
	Tallahassee,	FL 32301-2525	25 7
6. The name and street (if changed):	address of the new registere	d agent (if changed) and /or registere	SSENTATIO: 3:
<u></u>	GENCY GLOBA	AL INC.	- ¹ 語 37
<u>11</u> :	5 North Calhoun		
Tal	lahassee, FL 3	ox NOT acceptable	
The street address of it as changed will be ide	ts registered office and the s	street address of the business office	of its registered agent.
Such change was authorized by the boar	orized by resolution duly add. or the corporation has be	lopted by its board of directors or by en notified in writing of the change.	an officer so
/s/ Daniel Lynch		Daniel Lynch, CFO	~!·····
I herchy accept the ap I further agree to com- performance of my du- agent. Or, if this docu	pointment as registered age ply with the provisions of al ties, and I am familiar with ment is being filed merely t	ent and agree to act in this capacity, it is tatutes relative to the proper and and accept the obligation of my poss o reflect a change in the registered if it is writing of this change.	complete ition as revistered
/s/ Michael Carlisle		Jan. 25, 2023	
Signature of If signing on behalf of	Registered Agent an entity:	Date	

Michael Carlisle, Assistant Secretary
Typed or Printed Name