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Division of Corporations

Fax Number : (850)617-6380

from:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Email A	ddress:		
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REGISTERED AGENT CHANGE IN-LINE FORENSICS, INC.

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75:

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

statement of cha	nge is submitted for a corpora	2, 617,0502, 607,1508, or 617,1508, Florida St tton organized under the laws of the State of <u>G</u> e or registered agent, or both, in the State of Fl	eorgia	_
The name of the principal of the pr	the corporation: IN-LINE FOR 12851 Manche	ester Rd Suite 160, Des Peres, MO 63131		
3. The mailing a	idress (if different): 12851 Ma	anchester Rd Suite 160, Des Peres, MO 6313	1	
		Document number: F2100000		_
	street address of the current rument of State; (If resigned, en	egistered agent and registered office on file with tter resigned)	ı the	
	CORPORATION SERVICE	COMPANY		
	1200 South Pine Island Road	d		
	Plantation, FL 33324			
6. The name and (if changed);	street address of the new regi	stered agent (if changed) and /or registered offic	2024 APR - 9 SEGALLAHASI TALLAHASI	<u>—</u>
	C T Corporation System		B PH	Ē
	1200 South Pine Island Road			0
	Plantation, Florida 33324	P.O. Box NOT acceptable	<u>9</u>	
The street address changed will	ss of its registered office and be identical.	the street address of the business office of its	registered ager	ıt.
		ly adopted by its board of directors or by an oas been notified in writing of the change.		
RdaRy	Con officer or director	Rita Ryerson, HR Administrator		_
	the appointment as registeres o comply with the provisions of I am familiar with and acce ng filed merely to reflect a ch been notified in writing of th	Printed or typed name and title I agent and agree to act in this capacity, of all statutes relative to the proper and comp opt the obligation of my position as registered unge in the registered office address, I hereby is change.		ice his he
/s/ Nicho	ol McCroy	04/09/2024		-
Sign If signing on bel	anne of Registered Agent nalf of an entity:	Date		
	Assistant Secretary			
Ty	ped or Printed Name * * * ₽1	LING 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)

Ву: