Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000180685 3)))



H240001806853ABC1

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

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

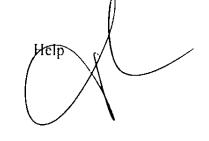
Email	Address:		

## REGISTERED AGENT CHANGE VEXCEL IMAGING US, INC.

Certificate of Status	0
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## **COVER LETTER**

TO: Amendment Section Division of Corporations	
Vexcel Imaging US, Inc. Name of Corporation	
DOCUMENT NUMBER: F22000005118	
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for fi	ling.
Please return all correspondence concerning this matter to the following:	-
Mary Castillo	<b>20</b>
Name of Contact Person	2024 MAY 20 AM
Registered Agent Solutions, Inc.	A A
Firm/Company	20
Corporate Center One, 5301 Southwest Pkwy, Ste 400	3. <u> </u>
Address	
Austin, Texas 78735	
City/State and Zip Code	7: 22 . Fl
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mary Castillo	
Name of Contact Person at (888 705-7274  Area Code & Daytime Teleph	hone Number
Enclosed is a \$35.00 check made payable to the Department of State.	

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

**Street Address:** 

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/L3)

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

→ 18506176380

statement of chan	rovisions of sections 607.05 ge is submitted for a corpor	ation organized	under the la	ws of the State of	Delaware	_
	to change its registered offi			th, in the State of .	Florida.	
	e corporation: Vexcel Im					
2. The principal o	ffice address: 12503 E E	UCLID DRI	VE UNIT	20	***************************************	
CENTENN	IAL, CO 80111	······································		···.		
3. The mailing add	dress (if different):					
4. Date of incorpo	ration/qualification: 8/12	/2022	Document	number: F2200		
	treet address of the current nent of State: (If resigned, o		and registere	ed office on file w	ith the C P	202 HAY 20
(	C T CORPORTIO	ON SYSTE	M		17.	Ē
-	1200 SOUTH PINE ISLAND ROAD					
 F	PLANTATION		FL	33324	- 88. 88. 88.	AM 7
(if changed):	treet address of the new reg			d /or registered of	Tice The	7: 22
<u> </u>	2894 Remington (				_	
•	Tallahassee	P.O. Box NOT	32308	3	_	
The street address as changed will be	of its registered office and identical.	d the street addre	ess of the bu	siness office of i	ts registered age	nt,
Such change was authorized by the	authorized by resolution d board, or the corporation b	uly adopted by i has been notified	ts board of c in writing o	lirectors or by an of the change.	officer so	
si Amy Flak	nl	Am	y Flakne		Secretary	
hereby accept the further agree to of my duties, and locument is being corporation has b	et an officer of director  e appointment as registere comply with the provisions I am familiar with and acc filed merely to reflect a co een notified in writing of t	nanye in ine reg	ee to act in elative to th m of my pos	ed or typed name and ti this capacity. e proper and con ition as registere e address, I heret	nplete performa d agent. Or. if i	nce this the
Мао	<del></del>	05	5/20/2024			_
	ure of Registered Agent			Date		
f signing on beha	lf of an entity:					
	Assistant Secretary					
Турс	d or Printed Name ***	ILING FEE: S	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)