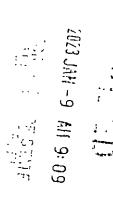
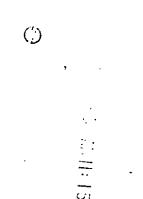
F2200005327

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
∵ed Copies Certificates of St	alus
€ cial Instructions to Filing Officer:	
1	
Office Use Only	



000400113550





JAN IJ -

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500
ACCOUNT NO. : I2000000195
REFERENCE : 312085 4351084
AUTHORIZATION : Juli Belevalor
COST LIMIT : \$35.00
ORDER DATE : January 6, 2023
ORDER TIME : 9:24 AM
ORDER NO. : 312085-006
CUSTOMER NO: 4351084
CHANGE OF AGENT
NAME: SYNERGEYES, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker
EXAMINER'S INTTIALS.

CORPORATION SERVICE COMPANY

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

	•	fions 607.0502, 617.0502, 607.1508, or 617.1508, Florida Start for a corporation organized under the laws of the State of \Box			
		gistered office or registered agent, or both, in the State of Fl			
1 The name of t	the comoration:	YNERGEYES, INC.			
		236 RUTHERFORD RD CARLSBAD, CA 92008			
2. The principal	office address	· · · · · · · · · · · · · · · · · · ·			
3. The mailing a	ddress (if differe	nt):			
4. Date of incorp	oration/qualifica	tion: 08/19/2022 Document number: F220000	05327		
		the current registered agent and registered office on file with fresigned, enter resigned)	h the		
	REGISTERED	AGENTS INC.			
	7901 4TH ST N	STE 300			
	ST. PETERSB	URG FL 33702			
6. The name and (if changed):	street address of	the new registered agent (if changed) and /or registered offic	cē.	2023 JAN	
	Corporation Se	rvice Company	<i>-</i> :	-9	
	1201 Hays Stre	et			
	• • • • • • • • • • • • • • • • • • • •	P.O. Box NOT acceptable	.Teg	9	
	Tallahassee	FL 32301		09	
The street addre	ss of its register be identical.	ed office and the street address of the business office of its	registere	d agent,	
Such change wa	s authorized by e board, or the o	resolution duly adopted by its board of directors or by an o orporation has been notified in writing of the change.	fficer so		
		Cynthia M. Wallace, Secretary			
Signatur	e of an officer or direc	•			
I further agree to of my duties, and document is bein corporation has	o comply with th d I am familiar v ng filed merely t	as registered agent and agree to act in this capacity. The provisions of all statutes relative to the proper and composition as registered to the proper and composition as registered to reflect a change in the registered office address. I hereby writing of this change. The pany	olete perf agent. (c confirm	ormance Or, if this that the	
By: Ilya	r. Yoku	01/06/2023		<u></u>	
	nature of Registered A				
If signing on bel	nalf of an entity:				
Grace E. Kirby, A		lent			
ly	ped or Printed Name	A A A FILL INC. PPD. CO. C. C.			
* * * FILING FEE: \$35.00 * * *					

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