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Division of Corporations



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Division of Corporations

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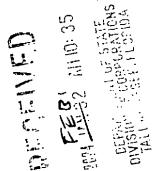
From:

Account Name : C I CORPORATION SYSTEM

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

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LLC)REGISTERED AGE<u>n</u>t Change SYMBORG INC.

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Help

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

statement of cha	provisions of sections 607.0502, 617.0 inge is submitted for a corporation org ir to change its registered office or reg	ganized under the laws of the State of [California		_
	the corporation: SYMBORG INC.	, and the second			
2. The principal	office address: 2186 Eastman Ave. Uni	t 105			_
ar the principal	Ventura, CA 93003			~	_
3. The mailing a	ddress (if different):				
	oration/qualification: 09/02/2022		05852		
	I street address of the current registere tment of State: (If resigned, enterresig		ith the		
	CORPORATION SERVICE COMPAN	NY			
	1201 HAYS STREET		_		
	TALLAHASSEE, FL 32301				
6. The name and (ifchanged):	I street address of the new registered a	gent (if changed) and /or registered of	SEUNIN	2024 FEB	
	C T Corporation System		HAS	1	†
	1200 South Pine Island Road		SSE	긒	Arrest A 4 4
	P.O. Plantation, Florida 33324	Box NOT acceptable	E.FL	AH 11: 42	ا وسيوا
The street addre	ess of its registered office and the stre be identical.	eet address of the business office of it	s registe	red age	mt.
Such change wa authorized by th	is authorized by resolution duly adop ne board, or the corporation has been	ted by its board of directors or by an notified in writing of the change.	officer s	o.	
ELGAN		DANA M EDDIS, SECRETARY			
Signator	re of an officer or director	Printed or typed name and fi	tle		_
I further agree to of my duties, an document is bei	the appointment as registered agent to comply with the provisions of all st d I am familiar with and accept the one filed merely to reflect a change in a been notified in writing of this change.	tatutes relative to the proper and con obligation of my position as registere the registered office address; I here!	nplete pe d agent, by confir	rtorma Or, if i m that	nce this the
	System San Chamb	01/30/2024			_
•	nature of Registered Agent	Date			
• •	half of an entity:				
	ICK, ASSISTANT SECRETARY				
l y	sped or Printed Name				

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By: