F23000004902

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MILANDER CENTRALIS

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 308204 AUTHORIZATION : COST LIMIT : \$ 35/00_ ORDER DATE: February 5, 2024 ORDER TIME : 8:48 AM ORDER NO. : 308204-005 CUSTOMER NO: 7382893 CHANGE OF AGENT NAME: ILSL HOLDINGS, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland-sorenson

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.0 nge is submitted for a corporation org r to change its registered office or reg	conized under the law	vs of the State of <u></u>	DE	his	
	he corporation:	_	n, in the state of r	юнаа.		
	office address: 150 COLLEGE ROAD		NCETON, NJ 085	540		_ _
3. The mailing a	ddress (if different):					_
4. Date of incorporation/qualification: 08/21/2023 Document number: F23000004902						
	street address of the current registered timent of State: (If resigned, enter resigned)		d office on file wit	th the		
	CAPITOL CORPORATE SERVICE	S, INC.			~=	
	515 EAST PARK AVENUE 2ND FL			ALLA ALLA	2024 FEB	
	TALLAHASSEE	FL	32301	HAS	9-8	_
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office					
				. D	01	
	1201 Hays Street P.O. Box NOT acceptable					
	Tallahassee	FL	32301			
The street addre	ss of its registered office and the stre be identical.	et address of the bu	siness office of its	s registere	ed agei	nt.
Such change wa authorized by th	s authorized by resolution duly adop the board, or the corporation has been	ted by its board of d notified in writing o	irectors or by an of the change.	officer so	•	
/s/ Dr. Rajesh Nair		Dr. Rajesh Nair	Dr. Rajesh Nair		President	
٥	e of an officer or director		ed or typed name and titl	le		-
I further agree to of my duties, and document is being corporation has	the appointment as registered agent to comply with the provisions of all stall am familiar with and accept the ong filed merely to reflect a change in been notified in writing of this change in Service Company	atutes relative to the bligation of my posi the registered office	his capacity. e proper and com ition as registered e address. I hereb	plete per, l agent. (y confirm	forman Or, if th i that t	ice his he
By: Ing. (Kyb)		02/05/2024				
	nature of Registered Agent		Date			-
lf signing on bel	half of an entity:					
Grace E. Kirby, <i>i</i>	Asst. Vice President					
ту	ped or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *