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.

(((H24000087439 3)))



H240000874393ABC4

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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.

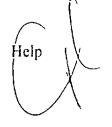
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cmall	Address:			

REGISTERED AGENT CHANGE NEUROELECTRICS USA CORPORATION

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COVER LETTER

TO: Amendment Section Division of Corporations

Neuroelectrics USA Corporation F2400000294 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo	20
Name of Contact Person	2024 MAR \$
Registered Agent Solutions, Inc.	AR
Firm/Company	- - 5
Corporate Center One, 5301 Southwest Pkwy, Ste 400	S. S.
Address	
Austin, Texas 78735	ညည္း ထု
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Mary Castillo at (888) 705-7274	
Name of Contact Person Area Code & Daytime Telep	phone 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 (04/13)

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

statement of cha	provisions of sections 607.0502 ange is submitted for a corporat	ion organized under the l	aws of the State of	Delaware	_	
	er to change its registered office	**	·	Florida.		
	the corporation: Neuroele					
2. The principal	office address: 1 BROAD	WAY, 14TH FL	<u> OOR</u>			
CAMBR	RIDGE, MA 02142					
	address (if different):					
4. Date of incorp	poration/qualification: 12/1/	2023 Documen	t number: F240	00000294	<u> </u>	
	d street address of the current re rtment of State: (If resigned, ent		red office on file w	ith the		
	C T CORPORA	TION SYSTE	EΜ			
	1200 SOUTH PINE ISLA	AND ROAD				
	PLANTATION	FL	33324	2024 HAR	æ	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):						
	Registered Agen	t Solutions, In	C.	- 14 - 15 - 15 - 15 - 15 - 15 - 15 - 15		
	2894 Remington G			ار (الالالالالالالالالالالالالالالالالالا		
	Tallahassee	P.O. Box NOT acceptable FL 323	08	_		
The street address changed will	ess of its registered office and t be identical.	he street address of the b	ousiness office of it	ts registered ago	ent,	
Such change wa authorized by th	as authorized by resolution dul- ne board, or the corporation has	y adopted by its board of s been notified in writing	directors or by an of the change.	officer so		
	ria Maigues Valls re of an officer or director		Maiques Valls		_	
document is bei	the appointment as registered to comply with the provisions of d I am familiar with and accep ng filed merely to reflect a cha s been notified in writing of this	nge in the registerea offi	n this capacity. the proper and con sition as registere ice address, I herei	nplete performa d agent. Or, if by confirm that	nce this the	
Щ	مع الله من المعامد	03/05/20	024			
Sig	nature of Registered Agent		Date			
If signing on be	half of an entity:					
Mackenzie Hible	er, Assistant Secretary					
Ť	yped or Printed Name					
	* * * F10	JING 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)