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A. RAMSEY AUG - 5 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 851955 7744670
AUTHORIZATION Spelle Man
COST LIMIT : \$ 35.00
ORDER DATE : August 2, 2022
ORDER TIME : 10:23 AM
ORDER NO. : 851955-005
CUSTOMER NO: 7744670
CHANGE OF AGENT
NAME: THORPE TECHNOLOGIES INC
NAME. INORFE IECHNOLOGIES INC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
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XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker
EXAMINER'S INITIALS:

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

	er to change its registered offic	ntion organized under the laws of the State of California e or registered agent, or both, in the State of Florida.
l. The name of	the corporation: THORPE TEC	CHNOLOGIES INC
	d office address:	
9550 True Driv	ve, Saint Louis, MO 63132	
3. The mailing	address (if different):	
4. Date of incom	rporation/qualification: 06/17/	1996 Document number: F9600003047
	nd street address of the current of State: (If resigned, en	
	CT CORPORATION SYST	EM 3
	1200 S PINE ISLAND RD	FL 33324 sistered agent (if changed) and /or registered office
	PLANTATION	FL 33324
	Corporation Service Compa	any
	Corporation Service Somp	any
	1201 Hays Street	
Ti	1201 Hays Street Tallahassee	P.O. Box NOT acceptable FL 32301
Such change vauthorized by	Tallahassee Iress of its registered office and ill be identical. was authorized by resolution of the board, or the corporation in the board an officer or director	P.O. Box NOT acceptable FL 32301 d the street address of the business office of its registered agent, luly adopted by its board of directors or by an officer so has been notified in writing of the change. Jill Albitar, Treasurer Printed or typed name and title
I hereby accept further agree of my duties, a document is becorporation him.	Tallahassee Iress of its registered office and ill be identical. was authorized by resolution of the board, or the corporation in the board an officer or director	P.O. Box NOT acceptable FL 32301 d the street address of the business office of its registered agent. July adopted by its board of directors or by an officer so has been notified in writing of the change. Jill Albitar, Treasurer Printed or typed name and title ed agent and agree to act in this capacity. Is of all statutes relative to the proper and complete performance cept the obligation of my position as registered agent. Or, if this change in the registered office address, I hereby confirm that the this change.
I hereby accel further agree of my duties, a document is b corporation h	Tallahassee Iress of its registered office and ill be identical. was authorized by resolution of the board, or the corporation of the board of the director of the appointment as registere to comply with the provision of the provision of the appointment as registere to comply with the provision of the provisio	P.O. Box NOT acceptable FL 32301 d the street address of the business office of its registered agent, luly adopted by its board of directors or by an officer so has been notified in writing of the change. Jill Albitar, Treasurer Printed or typed name and title ed agent and agree to act in this capacity, as of all statutes relative to the proper and complete performance copy the obligation of my position as registered agent. Or, if this change in the registered office address, I hereby confirm that the
I hereby accel further agree of my duties, a document is b corporation h	Tallahassee Iress of its registered office and ill be identical. was authorized by resolution of the board, or the corporation of the appointment as registered to comply with the provision and I am familiar with and acceptance in the appointment of the appointment of the am familiar with and acceptance in the appointment of the am familiar with and acceptance on Service Company	P.O. Box NOT acceptable FL 32301 d the street address of the business office of its registered agent, luly adopted by its board of directors or by an officer so has been notified in writing of the change. Jill Albitar, Treasurer Printed or typed name and title ed agent and agree to act in this capacity, as of all statutes relative to the proper and complete performance cept the obligation of my position as registered agent. Or, if this change in the registered office address, I hereby confirm that the this change. 08/03/2022

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