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.

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Division of Corporations Fax Number : (850)617-6380 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.\*\* 🖔 🤫 Email Address:\_\_\_\_

## REGISTERED AGENT CHANGE CURVATURE, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

TO:

Amendment Section Division of Corporations

Curvature, Inc.

15129570210

Name of Corporation	_
DOCUMENT NUMBER: F9900002042	_
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	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
1701 Directors Blvd. Suite 300	
Address	
Austin, Texas 78744	

For further information concerning this matter, please call:

Mary Castillo

at (888 ) 705-7274 SE: Para Code & Daytime Telephone 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

tatement of cha	orovisions of sections 607.0502, 61 nge is submitted for a corporation or to change its registered office or t	organized un	der the lav	vs of the State o	<u>Massachusetts</u>
2. The principal  CHARLO	the corporation: Curvature, office address: 2810 COLIS	SEUM C			
	oration/qualification: $\frac{2810 \text{ COLI}}{4/20/19}$		NTRE [	OR 600 CH number: <b>F99</b>	ARLOTTE, NC 28217 000002042
5. The name and	street address of the current registerment of State: (If resigned, enter resigned, enter resigned)  1200 SOUTH PINE ISLANI	ered agent an esigned) ON SY			with the
	PLANTATION		FL	33324	
5. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Registered Agent Solutions, Inc.					
	155 Office Plaza [		uite A	\	<u> </u>
	Tallahassee	FL.	3230	)1	
_	ess of its registered office and the second				
s/ Betry De		_	sy Dell		Vice President
l further agrée i of my duties, an locument is bei	the appointment as registered age to comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch	ll statutes rei ie obligation : in the regis	e to act in lative to th of mv pos tered offic	this capacity, we proper and c ition as registe e address, I he	complete performance ered agent. Or, if this reby confirm that the
Hade	anziett	01	/19/20		
Sig	half of an entity:			Date	
	Assistant Secretary				
	pad or Printed Name				
	* * * FILIN	G FEE: \$35	5.00 * * *		

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