Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

REGISTERED AGENT CHANGE SYMPRO, INC.

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Corporate Filing Menu

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

1. The name of	the corporation is: Sympro Inc.		
2. The principa	office address: 3675 Mt Diablo	Blvd, Suite 280	
Lafayette C	A 94549		
	address (if different): 1200 SW ines FL 33027	145th Avenue, Suite 310	
4. Date of incor	poration/qualification: 4/2	6/1999 Document Number:	F99000002150
5. The name an	•	gistered agent and registered office of	on file with the HAR 30
	EMPHASYS SOFTWARE		
	1200 SW 145th Avenue, Suite	2 310	<u>:</u> ;; 38
6. The name an (if changed):	Pembroke Pines FL 33027 d street address of the new regis	tered agent (if changed) and /or regi	, a
(ii changed).	Corporate Creations Network	Inc.	<u> </u>
	801 US Highway 1		—— : ii 31
	(P.O. Box No	t acceptable)	
	North Palm Beach FL 33408 ess of its registered office and ed will be identical.	the street address of the business of	office of its registered
		ly adopted by its board of director been notified in writing of the chang	
	Wells all	Nicholas Nichols, Attorne	y-in-Fact
(Signa	ture of an officer or director)	(Printed or Typed na	me and title)
I further agree performance of agent. Or, if the	to comply with the provision my duties, and I am familiar wi his document is being filed mere	igent and agree to act in this capacity of all statutes relative to the pith and accept the obligation of my pely to reflect a change in the registent of this change. 3/30/2022	roper and complete osition as registered
(Signa	ture of Registered Agent)	(Date)
If signing on be	half of an entity:		
Nicholas	Nichols, Special Secretary		
(Тур	ed or Printed Name)		
		ble to Florida Department of S ations, P.O. Box 6327, Tallahas	
801 US Highw	each FL 33408		