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Division of Corporations

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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.

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LLC REGISTERED AGENT CHANGE INDLIVSYS HOLDING COMPANY, LLC

Certificate of Status	0
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Page Count	02
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Y SULKER

SEP 22 2020

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: INDLIVSYS H	OLDING C	COMPANY, LLC			
2. (a)	5200 RUGE LAGOON DRIVE		(b) 5200 BLUE LAGOON DRIVE			
2. (u) .			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	SUITE 500		SUITE 500			
	MIAMI, FL 33126		MIAMI, FL 33126			
	11/02/2018		L18000256068			
3. 5. (a	Date of filing/registration in Florida CABRERA, SUSY, ESQ	4.	Document number			
J. (a)	Registered Agent and Registered Office shown on the records 5200 BLUE LAGOON DRIVE	la Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREE SUITE 500)	,				
	MIAMI ,	FL 33126	7.2			
(b)	Corporate Creations Network Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>					
	801 US Highway 1		~3			
	NEW Registered Office Address:					
	North Palm Beach	FL				
chang agent was/v	limited liability company is not organized under the ge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street	he register liability co s of the lim	red office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in			
/s/ Caitlin Lazarus			Cuitlin Lazarus, Attorney-in-Fact			
Signature of a member or authorized representative of a member			Printed or typed name of signee			
provi the ol to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provi- rely reflect a change in the registered office address, ed in writing of this change.	ite ixirlorm	nance of my auties, and Lam Jamiliar Wiln and accep			

Caitlin Lazarus, Special Secretary

/s/ Caitlin Lazarus
Signature of Registered Agent