Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE 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 ș | - |
|---------|------|--------|----------|-----|-------|----------|---------|---------|-----------------------|----------|---|
| an | nual | report | : mailin | gs. | Enter | only on | e email | address | used for s please. | *** | 5 |

| Email | Address: | , |
|-------|----------|-------|
| | | |

REGISTERED AGENT CHANGE ASYSCO, INC.

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

Electronic Filing Menu

Corporate Filing Menu

Help

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

| statement of cha | inge is submitted for a corporation | 17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida. | | | |
|--|--|---|--|--|--|
| 1. The name of | the corporation: Asysco, Inc. | | | | |
| | | Or., Suite 250, Miami, FL 33126 | | | |
| 3. The mailing a | address (if different): | | | | |
| 4. Date of incor | poration/qualification: 01/15/2002 | Document number: P02000005120 | | | |
| | d street address of the current regis rtment of State: (If resigned, enter | tered agent and registered office on file with the resigned) | | | |
| | C T CORPORATION SYSTEM | | | | |
| | 1200 SOUTH PINE ISLAND ROAD | | | | |
| | PLANTATION, FL 33324 | | | | |
| 6. The name and (if changed): | d street address of the new registers Corporate Creations Network Inc. | ed agent (if changed) and /or registered office | | | |
| | 801 US Highway 1 | ان ا | | | |
| | **** | P.O. Box NOT acceptable | | | |
| The street address changed will | ess of its registered office and the be identical. | street address of the business office of its registered agent, | | | |
| _ | | dopted by its board of directors or by an officer so een notified in writing of the change. | | | |
| Adia My | les | Adia Myles, Attorney-in-Fact | | | |
| Sigirau | re of an officer or director | Printed or typed name and title | | | |
| l further agree (of my duties, an document is bei | the appointment as registered ag to comply with the provisions of a d I am familiar with and accept t ing filed merely to reflect a chang s been notified in writing of this c | ent and agree to act in this capacity. It statutes relative to the proper and complete performance he obligation of my position as registered agent. Or, if this e in the registered office address. I hereby confirm that the hange. | | | |
| Adia My | Les nature of Registered Agent | 11/25/2024 | | | |
| | | Date | | | |
| If signing on be | half of an entity: | | | | |
| Adia Myles, Spe | | | | | |
| T | yped or Printed Name | | | | |

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