## 103000028033

| (Re                                     | equestor's Name)  |             |  |  |
|---|-------------------|-------------|--|--|
| (Address)                               |                   |             |  |  |
| (Address)                               |                   |             |  |  |
| (Cit                                    | y/State/Zip/Phon  | e #)        |  |  |
| PICK-UP                                 | ☐ WAIT            | MAIL        |  |  |
| (Bu                                     | siness Entity Nar | me)         |  |  |
| (Do                                     | cument Number)    |             |  |  |
| Certified Copies                        | _ Certificates    | s of Status |  |  |
| Special Instructions to Filing Officer: |                   |             |  |  |
|   |                   |             |  |  |
|   |                   |             |  |  |
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Office Use Only



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DIVISION OF CORPORATIONS
7001 SEP 21 PM 3: 39

PS 9/2000)

## **COVER LETTER**

| TO:    | Amendment Section<br>Division of Corporations | 5                      |                           |                                       |
|--------|---|------------------------|---------------------------|---------------------------------------|
| SUBJ   | IECT:   |                        | obotics, Inc              |                                       |
|        |   | (Name of               | Corporation)              | <del></del>                           |
| DOC    | UMENT NUMBER:                                 |                        |                           |                                       |
| The e  | nclosed Statement of Chan                     | ge of Registered Off   | ice/Agent and fee are sub | mitted for filing.                    |
| Please | e return all correspondence                   | concerning this mat    | ter to the following:     |                                       |
|        |   | Kristin                | Kozelsky                  |                                       |
|        |   | (Name of C             | Contact Person)           |                                       |
|        |   |                        |                           |                                       |
|        |   |                        | botics, Inc               |                                       |
|        |   | (Firm/                 | Company)                  |                                       |
|        |   | 104 N Main S           | St, 2nd Floor             |                                       |
|        |   |                        | ldress)                   | · · · · · · · · · · · · · · · · · · · |
|        |   | Gainesvil              | le, FL 32601              |                                       |
|        | <del></del>                                   |                        | and Zip Code)             |                                       |
| For fu | rther information concerni                    | ng this matter, please | e call:                   |                                       |
| •      | Kristin Kozel                                 | sky                    | at ( 904 ) 80             | 07-3982<br>aytime Telephone Number)   |
|        | (Name of Contact                              | Person)                | (Area Code & D            | aytime Telephone Number)              |
| Enclos | sed is a \$35.00 check made                   | payable to the Depa    | artment of State.         |                                       |

Mailing Address:
Amendment Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

| Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.  |
|---|
| 1. The name of the corporation: Prioria Robotics, Inc   |
| 2. The principal office address: 104 N Main St, 2nd Floor   |
| 3. The mailing address (if different):  |
| 4. Date of incorporation/qualification:   |
| 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:  |
| Bryan da Frota  |
| 4580 NW 49TH ST. #101   |
| Gainesville, FL 32606   |
| 4580 NW 49TH ST. #101  Gainesville, FL 32606  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Bryan da Frota  3925 NW 23rd Terrace   |
| Bryan da Frota بين  |
| 3925 NW 23rd Terrace  |
| (P.O. Box NOT acceptable)   |
| Gainesville, FL 32605   |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.  |
| Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.   |
| (Signature of noticer or director)  Jason Grzywna, Vice Pies, dent of (Printed or typed name and title)   |
| I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. |
| Sept 20,2007  |
| (Signature of Registered Agent) (Date)  |
| If signing on behalf of an entity:  |
| (Typed or Printed Name)   |

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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