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To:		
10.	Nicial and Compositions	,
	Division of Corporations	است ا
	Fax Number : (850)617-6380	1915
From:		•
	Account Name : LEGALINC CORPORATE SERVICES INC.	
	Account Number : I20180000011	-
	Phone : (844)386-0178	-
	Fax Number ; (214)317-4754	
	(	
- -	**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	

## AFO IMAGING, INC.

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(((H19000303284 3)))

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

statement of change	z is submitted for a c	corporation organize	607.1508, or 617.1508, ed under the laws of the d agent, or both, in the	State of H.			
		IMAGING, INC	•	state of 1 sortal.			
			d. Plantation, FL	33322			
3. The mailing addr	ress (if different):						
4. Date of incorpora	ation/qualification:	07/28/2003	Document number:	P03000082442			
5. The name and str	cot address of the c		nt and registered office	on file with the			
С	orporate Creat	ions Network I	nc.				
1	11380 Prosperity Farms Road #221E						
p:	Corporate Creations Network Inc.  11380 Prosperity Farms Road #221E  Palm Beach Gardens, FL 33410						
6. The name and str (if changed):	ext address of the n	ew registered agent (	if changed) and /or regi	7			
LE	EGALINC COF	RPORATE SER	VICES INC.	7.			
52	5237 SUMMERLIN COMMONS BLVD, SUITE 400						
		P.O. Box NOT acc	ကွေးအင်း				
<u> </u>	ORI MIYERS,	FL, US, 33907	<u>.                                    </u>	<del></del>			
The street address of as changed will be	of its registered offi identical.	ce and the street add	lress of the business of	fice of its registered agent.			
		tion duly adopted by ition has been notifi	its board of directors of in writing of the cha	or by an officer so ange.			
Rohit	Navani	F	Rohit Navani				
I hereby accept the I further agree to co performance of my agent. Or, if this do	omply with the prov duties, and I am fai ocument is being fil	nsions of all statutes miliar with and acce ed merely to reflect	Finted or typed : gree to act in this capa s relative to the proper pt the obligation of my a change in the registe riting of this change.	acity, and complete v position as registered			
Aaney	Hima.	1	0/11/2019				
Signitur	e of Registered Agent		Date	······································			
If signing on behalf	f of an entity:						
Nancy Luna	D			(((H19000303284 3)))			
Typed	or Printed Name						

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