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## REGISTERED AGENT CHANGE ZIB INC.

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

statement of chan	ge is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida 1 ganized under the laws of the State of _ istered agent, or both, in the State of f	Florida	this	_					
1. The name of th	e corporation: Zib Inc.									
		P. Attention: Kelly L. Hellmuth, Esq., 5	0 North L	Jaura Str	cet.					
Suite 3900, Jackso	onville, FL 32202				_					
3. The mailing ad	dress (if different):									
4. Date of incorpo	oration/qualification: _12/08/2006	Document number: P060001	51818							
	street address of the current registere ment of State: (If resigned, enter resig	d agent and registered office on file w gned)	ith the							
	c/o Dr. Kenneth Beer (Resigned)									
_	1500 North Dixie Hwy, #303		_ _ <u>Z</u> :_	2						
	West Palm Beach, FL 33401		1947 1947 1948	0 FE8	7,					
6. The name and street address of the new registered agent (if changed) and /or registered office it (if changed):					777					
	Holland & Knight LLP, Attention Ke	elly L. Hellmuth, Esq.	7 <u>7 2 </u>	: H						
	50 North Laura Street, Suite 3900	n vor !	ATE ATE	: 26						
	P.O. Box NOT ecceptable  Jacksonville, FL 32202									
The street address as changed will l	ss of its registered office and the stro be identical.	eet address of the business office of i	ts registe	ered age	≥n1,					
Such change wa authorized by the	s authorized by resolution duly adop e board, or the corporation has been	pted by its board of directors or by an inotified in writing of the change.	officer	50						
<u> Mou</u>	of an officer or dispetor	Gloria M. Skigen, Authorized Rep Printed or typed name and t	presentati iile	ive	_					
of my duties, and document is being corporation has	d I am familiar with and accept the ig filed merely to reflect a change in been notified in writing of this char	t and agree to act in this capacity, statutes relative to the proper and co obligation of my position as registere n the registered office address, I here tge.	ed avent	: Or. if	this					
Holland & Knight	moskeri	February 6, 2020								
Sign	ature of Registered Agent	Date								
If signing on bel	nalf of an entity;									
Gloria M. Skigen										
')	ped or Printed Name  * * * FILING	FEE: \$35.00 * * *								

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)