(((H23000412898 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062

Phone : (888)705-7274

Fax Number

: (888)706-7274

**Enter the email address for this business entity to be used for future min annual report mailings. Enter only one email address please. **

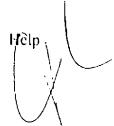
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REGISTERED AGENT CHANGE INTELLECTUS SERVICES, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations

Intellectus Services, Inc. Name of Corporation P10000054974 DOCUMENT NUMBER: The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lori Whalen Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lori Whalen Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

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

Street Address: Amendment Section

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

CR2E045 (04/13)

H23000412898 3

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

statement of cha	provisions of sections 607 inge is submitted for a cor r to change its registered	poration organiza	ed under the la	iws of the State of	f_Florida	-
	the corporation: Intellect office address: 295 Sev			297 Daniel Isla	and, SC 29492	-
_	ddress (if different):					_
4. Date of incorp	coration/qualification: 6/	30/2010	Document	number: P100	00054974	
	street address of the curn tment of State: (If resigne		nt and register	ed office on file v	with the	
	TRAC - THE RE	GISTERED	AGENT C	OMPANY		
	236 E.6th Avenue				202	
	Tallahassee,		FL	32303	2023 DEC -4	7
6. The name and (if changed):	Registered Age			od /or registered o	AH SEEE, FL	
	2894 Remingtor				26	
	Tallahassee	P.O. Box No	Ol'acceptable 3230	8		
The street addresses changed will	ss of its registered office be identical.	and the street add	iress of the bu	isiness office of	its registered agent	t.
Such change wa authorized by th	s authorized by resolutio e board, or the corporation	n duly adopted by on has been notifi	its board of ed in writing	directors or by a of the change.	n officer so	
/s/ Jaclyn	Wright of an officer or director	J <u>a</u>	clyn Wrigh	nt ted or typed name and	Authorized Per	rson
i juriner agree u of my duties, and document is beir	the appointment as regist o comply with the provist I I am familiar with and og filed merely to reflect been notified in writing (ons of all statutes accept the obliga a change in the re	gree to act in s relative to th tion of my pos egistered offic	this capacity, se proper and co sition as register se address, I here	mplete performance ed agent. Or, if thi eby confirm that th	re is e
Ма	معن طالا		12/4/2023			
Sign	ature of Registered Agent			Date		
If signing on beh	nalf of an entity:					
	r, Assistant Secretary					
Ту	ped or Printed Name	* FILING FEE:	\$15 00 * * *			