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(((H19000119423 3)))



H190001194233ABC/

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FC4000000023 Phone

: (614)280-3338

Fax Number

: (954)208-0845

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

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REGISTERED AGENT CHANGE ARCHIMEDES MANAGEMENT, INC.

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APR 12 2019

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

statement of	change is submitted for a corporati	, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ion organized under the laws of the State of							
	0 0 2	or registered agent, or both, in the State of Florida.							
1. The name	. The name of the corporation: Archimedes Management, Inc.								
2. The princi	The principal office address: 10137 Mattraw Place, Golden Oak, FL 32836								
3. The maili	ng address (if different):								
4. Date of in	corporation/qualification: 3/7/2019	Document number: P19000021682							
	and street address of the current repepartment of State: (If resigned, ento	gistered agent and registered office on file with the er resigned)							
	SUN, JONATHAN								
	10137 MATTRAW PLACE								
	GOLDEN OAK, FL 32836								
6. The name (if change	-	tered agent (if changed) and /or registered office							
	C T Corporation System								
c/o C T Corporation System, 1200 South Pine Island Road									
P.O. Box NOT acceptable									
	Plantation, Florida 33324								
The street ac as changed	ddress of its registered office and the will be identical.	he street address of the business office of its registered agent,							
Such change authorized b	was authorized by resolution duly by the board, or the corporation has	adopted by its board of directors or by an officer so specified in writing of the change.							
/s/ Jonathan		Jonathan Sun							
I hereby acc I further agr performance agent. Or, i	ree to comply with the provisions o e of my duties, and Lam familiar wi	Printed or typed came and title agent and agree to act in this capocity, if all statutes relative to the proper and complete ith and accept the obligation of my position as registered by to reflect a change in the registered office address, I notified in writing of this change.							
By:	7 7/	4/10/2019							
	Signature of Registered Agent	Date							
If signing or	a behalf of an entity:								
Michael E. Jo	ones, Asst. Secy.	_							
	Typed or Printed Name								
	* * * FII.	ING FEE: \$35.00 * * *							