P940005021A

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115 N CALHOUN ST., STE. 4 TALL:AHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	04/04/2024			
Name:	Patrice Rush	_		
Reference #:	2325510	<u> </u>		
Entity Name:	SECURITY IDENTIFICA	TION SYSTEMS CORPORATION		
☐ Article	s of Incorporation/Authorizatio	n to Transact Business		
Amend	dment			
Chang	ge of Agent			
Reinst	atement			
Conve	ersion			
☐ Merge	r			
☐ Dissolution/Withdrawal				
☐ Fictitio	ous Name			
Other_				
Authorized A	mount: \$35.00			
Signature:	(Palle			

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	04/04/2024			
Name:	Patrice Rush	_		
Reference	ce #: 2325510	_		
		ION SYSTEMS CORPORATION		
☐ Ai	rticles of Incorporation/Authorization	to Transact Business		
☐ Ai	mendment			
✓ C	hange of Agent			
☐ R	einstatement			
☐ Conversion				
☐ Merger				
☐ Dissolution/Withdrawal				
☐ Fictitious Name				
	ther			
Authorize	ed Amount:\$35.00			
Signatur	e: Pull			

F: +852.2682.9790

COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: Security Identification Systems Corporation Name of Corporation DOCUMENT NUMBER: P94000050264 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: Heather Papaleo Name of Contact Person Troutman Pepper Hamilton Sanders LLP Firm/Company 3000 Two Logan Square Address Philadelphia, PA 19103 City/State and Zip Code CoreenSawdon@acre-co.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 981-4787 Heather Papaleo Area Code & Daytime Telephone Number Name of Contact Person

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

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)

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

	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Florida
in order to change its registered office o	or registered agent, or both, in the State of Florida.
1. The name of the corporation: Security Identity	ification Systems Corporation
2. The principal office address: 10181 Park Ru	n Drive, Suite 190, Las Vegas, NV 89145
3. The mailing address (if different):	: <u>v</u>
4. Date of incorporation/qualification: 6/30/199	Document number: P94000050264 375
5. The name and street address of the current regineration of State: (If resigned, enter	istered agent and registered office on file with the resigned)
CT Corporation	
1200 South Pine Island Road	d 38
Plantation, FL 33324	
6. The name and street address of the new registe (if changed): Cogency Global Inc.	red agent (if changed) and /or registered office
	
115 North Calhoun Street, S	P.O. Box NOT acceptable
Tallahassee, FL 32301	·
The street address of its registered office and thas changed will be identical.	e street address of the business office of its registered agent,
Such change was authorized by resolution duly authorized by the board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
818664104E99477	Donald Joos, CEO and President
Signature of an officer or director I hereby accept the appointment as registered a I further agree to comply with the provisions of of my duties, and I am familiar with and accept document is being filed merely to reflect a chan corporation has been notified in writing of this	all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this uge in the registered office address. I hereby confirm that the
Ulcomon Reguld	04/04/2024
Signature of Registered Agent	Date
If signing on behalf of an entity:	
Veronica Rigaud, Assistant Secretary	
Typed or Printed Name	_
* * * FIL1	ING 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)