Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000249177 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

2

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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 SYNCREON TECHNOLOGY (AMERICA) INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu Corporate Filing Menu

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

statement of ci	hange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes organized under the laws of the State of FLORI registered agent, or both, in the State of Florida.	DA
	of the corporation: Syncreon Technology		
		Circle, Suite 250. Auburn Hills, MI 48326	
3. The mailing	address (if different):		
4. Date of inco	orporation/qualification: 04/04/1995	Document number: P95000026763	·····
	nd street address of the current regist artment of State: (If resigned, enter r	tered agent and registered office on file with the resigned)	
	CORPORATION SERVICE COM	PANY (CSC)	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301		
6. The name and street address of the new registered agent (if changed) and /or registered offi (if changed):		ed agent (if changed) and /or registered office	207
	United Agent Group Inc.		<u></u>
	801 US Highway 1		-:
		P.O. Box NOT acceptable	•
	North Palm Beach, FL 33408		 73
The street add as changed wi	ress of its registered office and the ll be identical.	street address of the business office of its regist	ered agent.
Such change v authorized by	vas authorized by resolution duly at the board, or the corporation has be	dopted by its board of directors or by an officer cen notified in writing of the change.	so
0	Glenda Wernikoff Ture of an officer of displor	GLENDA WERNIKOFF, Attorney-in-Fact	
	4 2	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complete p ne obligation of my position as registered agent e in the registered office address, I hereby confi- tionings.	erformance Or if this rm that the
9	lenda Wernikoff ignature of Registered Agent	07/17/2023	
S	ignature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
	RNIKOFF, Special Secretary		
	Typed or Printed Name		
	* * * FILIN	iG 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)