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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE 370996 8440203
AUTHORIZATION THE COMPANY OF THE PARTY OF TH
COST LIMIT : \$ 35.00
ORDER DATE: March 20, 2024
ORDER TIME : 1:17 PM
ORDER NO. : 370996-007
CUSTOMER NO: 8440203
CHANGE OF AGENT
NAME. FARIENC CORRORATION
NAME: EARLENS CORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Shauna Godbolt
EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ ir to change its registered office or registe	nized under the law	s of the State	of_DELAWARE	
1. The name of t	the corporation: EARLENS CORPORAT	ION			
2. The principal	office address: 4045A CAMPBELL AVE	NUE MENLO PAF	RK, CA 94025	1	-
3. The mailing a	address (if different):				_
4. Date of incorp	poration/qualification: 01/19/2016	Document n	number: F160	00000278	_
5. The name and	I street address of the current registered a rtment of State: (If resigned, enter resigne	gent and registered			
	COGENCY GLOBAL INC.			·-4 🔁	
	115 NORTH CALHOUN ST. STE 4			2024 MAR 21	<u> </u>
	TALLAHASSEE	FL	32301	R2	
6. The name and (if changed):	d street address of the new registered ager	nt (if changed) and	l /or registered		
	Corporation Service Company			— 15 A B	
	1201 Hays Street				
	P.O. Box Tallahassee	NOT acceptable	32301		
	ess of its registered office and the street be identical.	address of the bus	siness office o		t.
authorized by the	as authorized by resolution duly adopted ne board, or the corporation has been no	i by its board of d tified in writing o	f the change.	an officer so	
/s/ William M		WILLIAM M. FA		CEO/PRESIDE	∃NT
I hereby accept I further agree t of my duties, an document is bei corporation has	the appointment as registered agent an to comply with the provisions of all stated I am familiar with and accept the obling filed merely to reflect a change in the been notified in writing of this change.	d agree to act in t utes relative to the igation of my posi e registered office	ed or typed name ar this capacity, the proper and c tion as registe the address, I he		ie is e
Sign John L	nature of Registered Agent	02/15/2024	Date		
_	half of an entity:				
	Asst. Vice President				
T	yped or Printed Name				
	* * * FILING FE	E: \$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)
CSC 370996-7