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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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

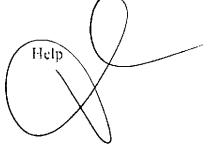
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|-------|----------|--|--|--|

## REGISTERED AGENT CHANGE NTIVA, INC.

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 1       |
| Page Count            | 02      |
| Estimated Charge      | \$43.75 |

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

| statement of cha   | inge is submitted for a corporation organ   | 2, 607.1508, or 617.1508, Florida Statutes, this sized under the laws of the State of Virginia ered agent, or both, in the State of Florida.  | _                       |  |
|--|---|---|-------------------------|--|
| 1. The name of   | the corporation: NTIVA, INC.  |   |                         |  |
| 2. The principal   | office address: 1017 Central Parkway Nort   | h, Suite 100, San Antonio, TX 78232   | _                       |  |
| 3. The mailing a   | address (if different):   |   |                         |  |
| 4. Dateofincorp  | oration/qualification: 12/29/2004   | Document number: F12000003585   |                         |  |
|  | d street address of the current registered a nument of State: (If resigned, enter resigne | gent and registered office on file with the d)  |                         |  |
|  | Corporation Service Company   |   |                         |  |
|  | 1201 Hays Street  | 2023 JUN 16   | 75.                     |  |
|  | Tallahassee, FL 32301-2525  |   | ا ان<br>حصہ<br>حصہ      |  |
| 6. The name and (ifchanged):   | d street address of the new registered ager   | nt (if changed) and /or registered office-  | T                       |  |
|  | C T Corporation System  | 9. 2  | _                       |  |
|  | 1200 South Pine Island Road   | - J. J.   |                         |  |
|  | P.O. Box<br>Plantation, Florida 33324   | NOT acceptable  |                         |  |
| The street address changed will  | ess of its registered office and the street<br>be identical.                              | address of the business office of its registered age  | nt.                     |  |
| Such change wa<br>authorized by th   | as authorized by resolution duly adopted<br>ne board, or the corporation has been no      | by its board of directors or by an officer so lifted in writing of the change.  |                         |  |
| I.   | S/MARK GILBRETH   | MARK GILBRETH, CFO  |                         |  |
| Thereby accept<br>I further agree to<br>of my duties, and<br>document is bei | s been noujrea in writing of misjenange.  | Printed or typed name and title  d agree to act in this capacity, the proper and complete performat gation of my position as registered agent. Or, if it is registered office address. I hereby confirm that it  06/15/2023 | -<br>nce<br>this<br>the |  |
| Sign   | nature of Registerd Agent   | Date  | _                       |  |
| If signing on be   | half of an entity:  |   |                         |  |
| JOE DAVIS, AS  | ST. SECRETARY   |   |                         |  |
| T  | yped or Printed Name  |   |                         |  |
|  | + 4 + CH 1NO CC   | P. 615 AA + + +   |                         |  |

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MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

By: