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	Divisian of C	- ,	
	Fax Number	: (850)617-6380	
From	n:		2
	Account Name	: C T CORPORATION SYSTEM	2024 HAR
0	Account Numbe	r : FCA000000023	- : <del>-</del> : -
<i>č</i> ;	Phone	: (614)280-3338	
	Fax Number	: (614)573-3996	
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**Ent	er the email addre	ss for this business entity to be used for	or future 🚆
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## REGISTERED AGENT CHANGE IT CONVERGENCE INC.

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607,0502, 617,050 mge is submitted for a corporation organ r to change its registered office or regista	nized under the laws of the	State of CA	
1. The name of t	the corporation: IT Convergence Inc.			
2. The principal	office address: 511 E. JOHN CARPET	NTER FWY, STE 500-580	)	
3. The mailing a	ddress (if different):			
4. Date of incorp	F98000001739			
5. The name and	I street address of the current registered a timent of State: (If resigned, enter resigned	gent and registered office		
6. The name and (if changed):	I street address of the new registered ager C T Corporation System	nt (if changed) and /or regi	5 AM	7 C C C C C C C C C C C C C C C C C C C
	1200 South Pine Island Road P.O. Box Plantation, Florida 33324	NOT acceptable	8: 25	•
	ess of its registered office and the street be identical.			
Such change wa authorized by th	is authorized by resolution duly adopted the board, or the corporation has been no	I by its board of directors tiffed in writing of the cha	or by an officer so ange.	
Signatus	rett Hatch	Brett Hatch, CF(	O stame and lifte	
l further agree t of my duties, an document is hell corporation has	the appointment as registered agent an to comply with the provisions of all state of I am familiar with and accept the obli- ng filed merely to reflect a change in the been notified in writing of this change.	utes relative to the proper igation of my position as t e registered office addres.	r and complete performance	
C T Corporation	Lanise Bell	03/06/2024		
	nature of Registered Agent	Date	e	
lf signing on bel	half of an entity:			
Denise Bell	Assistant Secretary			
Ty	ped or Printed Name  * * * * * * * * * * * * * * * * * * *	'U , \$25.00 * * *		

FILING 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)

By: