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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

Office Use Only

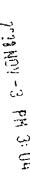


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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Carissa Koetitz carissa.koetitz@cscglobal.com

Date: October 30, 2020

Order#: 493266-015

Re: PERFORMANCE TECHNOLOGY PARTNERS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Carissa Koetitz c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: PERFOR	RMANCE	TECHN	IOLOGY PARTNERS, L	LC	
2. (a)	500 CAPITOL MALL		(b)	500 CAPITOL MALL		
2 . (u)	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	pany:	_ (5.	Mailing address	of limited liability company: BE POST OFFICE BOX)	
	SUITE 2350		_	SUITE 2350		
	SACRAMENTO CA 958	14	_	SACRAMENTO	CA 95814	
	08/23/2010			M10000003724	م	
3.	Date of filing/registration in Florida		4.	Document no	umber	
5. (a)	Paychex				만.	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	1001 Heathrow Park Lane				P.	
	Registered Office Address (MUST BE FLORIDA S	TREET AL	DDRESS.		بب	
	SUITE 2001				. 9	
	LAKE MARY	. FL	32746		**	
(b)	Corporation Service Company					
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	1201 Hays Street					
	NEW Registered Office Address:		_			
				·		
	Tallahassee	, FL_	32301			
change agent v was/w	limited liability company is not organized under e or changes are made, the Florida street addres will be identical. Or, in the case of a Florida lin ere authorized by an affirmative vote of the me icles of organization or the operating agreemen	s of the range of the mited liab mbers of	egistere fility con the limi	d office and the business npany, it is hereby conf ted liability company or	s office of the registered irmed that the change(s)	
/s/ John Podlipnik			John Podlipnik, Authorized Person			
Signa	ature of a member or authorized representative of a member	er		Printed or type	ed name of signee	
provis: the obi to mer	by accept the appointment as registered agent of ions of all statutes relative to the proper and colligations of my position as registered agent as pely reflect a change in the registered office add d in writing of this change.	and agree emplete p provided tress. I he	e to act i erforma for in C ereby co	in this capacity. I furthe nce of my duties, and I d hapter 605, F.S. Or, if t nfirm that the limited lid	er agree to comply with the am familiar with and accept this document is being filed ability company has been	
	Mars Tokuble					
Signatu	re of Registered Agent F. Kirby, Asst. Vice President on behalf of Cor	moration	Service	Company		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

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Iress of limited liability company: MAY BE POST OFFICE BOX) CA 95814					
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nt number					
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10:					
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ب <u>ن</u> بن					
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Enter name of NEW Registered Agent and/or NEW Registered Office address:					
hereby confirmed that after the ness office of the registered confirmed that the change(s) y or as otherwise provided in					
ed Person typed name of signee					
orther agree to comply with the d I am familiar with and accept if this document is being filed d liability company has been					
•					

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00

INHS18 (2/14)