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.

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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

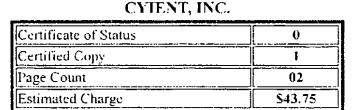
Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:____

REGISTERED AGENT CHANGE



RAIRCICHS

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I ALBRITTON

Electronic Filing Menu

Corporate Filing Menu

Help

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

•	-	, 617,0502, 607,1508, or 617,1508, Florida Statutes, this ion organized under the laws of the State of CA	s
-		or registered agent, or both, in the State of Florida.	
1. The name of the	he corporation: CYIENT, INC.		
2. The principal of	office address: 99 EAST RIVER	DRIVE 5TH FLOOR EAST HARTFORD, CT 06108	
3. The mailing ac	ddress (if different):		
4. Date of incorp	oration/qualification: 07/31/20	Document number: F01000004036	
	street address of the current retiment of State: (If resigned, enti-	gistered agent and registered office on file with the er resigned)	
	REGISTERED AGENT LEGAL	SERVICES, LLC	
	155 OFFICE PLAZA DR. SUIT	E A TALLAHASSEE, FL 32301	
(if changed):	Street address of the new registered agent (if changed) and /or registered office CD AUG CT Corporation System COT Corporation System, 1200 South Pine Island Road		
	<u>-</u>	O Box NOT acceptable	
		he street address of the business office of its registered adopted by its board of directors or by an officer so seen notified in writing of the change.	agent,
P Belging	all an officer or director	Patricia Belanger: Vice-President Printed or typed name and title	_ _
I further agrée t performance of a agent. Or, if this	o comply with the provisions o my duties, and I am familiar w s document is heing filed mere	agent and agree to act in this capacity, of all statutes relative to the proper and complete ith and accept the obligation of my position as register dy to reflect a change in the registered office address, t notified in writing of this change.	red '
Ву:	nation System An All Agent An All Agent	08/17/2018 Date	_
Assistant	nalf of an entity: M. Halpin t Secretary Ped or Printed Name	_	

* * * 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 (03/12)