SIGNATURE: JUAN MARQUEZ

that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

SIGNATURE: /ADAM COHEN/

Title	MEMBER, AMBR	Title	AUTHORIZED MEMBER
Name	COHEN, MELANIE	Name	MARQUEZ, JUAN
Address	20815 NE 16TH AVE UNIT B22	Address	20815 NE 16TH AVE UNIT B22
City-State-Zip:	MIAMI FL 33179	City-State-Zip:	MIAMI FL 33179

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

Current Mailing Address:

Entity Name: TEKSYS SOLUTIONS LLC

Current Principal Place of Business:

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

20815 NE 16TH AVE UNIT B22 MIAMI, FL 33179 US

20815 NE 16TH AVE

UNIT B22 MIAMI, FL 33179

DOCUMENT# L16000117654

FEI Number: 81-1966802

Name and Address of Current Registered Agent:

COHEN, ADAM C/O BECKER & POLIAKOFF 1 EAST BROWARD BOULEVARD SUITE 1800 FORT LAUDERDALE, FL 33301 US

Electronic Signature of Signing Authorized Person(s) Detail

AUTHORIZED MEMBER 02/01/2021

Feb 01, 2021 Secretary of State 6848557497CC

FILED

Certificate of Status Desired: No

Date

02/01/2021

Date