5/27/2021



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		Division of Corporations		20 FAL
		Fax Number : (850)617-6380		
	From:			E 2021 MAY Shekilia Allanas
	riom:	Account Name : UNITED AGENT GR	000 700	
		Account Number ; 120160000086	OUP INC.	SSE
		Phone : (561)508-5033		រោ
		Fax Number : (561)694-1639		
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	Enter the	email address for this business	entity to be used for f	uture > -
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Bechiel National, Inc.

2. The principal office address: 12011 Sunset Hills Road, Suite 110

Reston, VA 20190

3. The mailing address (if different):

- 4. Date of incorporation/qualification: _____ 848193 Document number:
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

C T CORPORATION SYSTEM

1200 SOUTH PINE ISLAND ROAD

PLANTATION, FL 33324

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

United Agent Group Inc.

801 US Highway 1

P.O. Box NOT acceptable

North Palm Beach, FL 33408

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Cierra Mims, Attorney-in-fact Printed or typed name and title 2021 MAY 27 AN 8:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

05/27/2021

Date

If signing on behalf of an entity:

Cierra Mims, Special Secretary

Typed 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 (04/13)