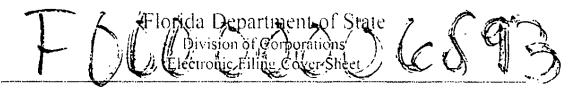
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Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

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

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## REGISTERED AGENT CHANGE SITA INFORMATION NETWORKING COMPUTING USA INC.

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

statement of che	provisions of sections 607,0502, 617,05 ange is submitted for a corporation orga	inized under the laws of the State of $\overline{\mathbb{D}}$	Delaware
	r to change its registered office or regis	,	lorida.
1. The name of	the corporation: SITA Information Netw	orking Computing USA Inc.	
2. The principal	office address: 3100 Cumberland Boulev	vard, Suite 900	
	Atlanta, GA 30339		
3. The mailing a	ddress (if different):		
4. Date of incor	Document number: F0000000	6893	
	I street address of the current registered tment of State: (If resigned, enter resign		h the
	CORPORATION SERVICE COMPAN	Y	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301		
6. The name and (if changed):	d street address of the new registered ag	ent (if changed) and /or registered offi	
	C T Corporation System		2023 JAN
	1200 South Pine Island Road		
	P.O. B	ox NO Facceptable	9 1
	Plantation, Florida 33324		
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its	registered agent,
Such change wa authorized by the	is authorized by resolution duly adopte the board, or the corporation has been n	ed by its board of directors or by an o otified in writing of the change.	officer so
	Se direct	JOE DAVIS, VICE PRESIDENT	
Lhereby accept	the appointment as registered agent a o comply with the provisions of all sta d I am familiar with and accept the oh ng filed merely to reflect a change in t been notified in writing of this chang.	nd agree to act in this capacity	
	System (1)	01/12/2023	
	uture of Registered Agent half of an entity:	Date	
• •	ICK, ASSISTANT 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, TAILLAHASSEE, FL 32314 CR2E045 (04/13)

By: