Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : URS AGENTS LLC
Account Number : 120150000127
Phone : (800)567-4397

Fax Number

: (800)567-4398

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

Email Address: SBREWER@annualregistration.com

JUE 27 AH S: 04

REGISTERED AGENT CHANGE IMMIX TECHNOLOGY, INC.

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Corporate Filing Menu

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P.002/003

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COVER LETTER

TO:

Amendment Section Division of Corporations

IMMIX TECHNOLOGY, INC.

Name of Corporation

F01000003250

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filling.

Please return all correspondence concerning this matter to the following:

BRIANNA SCHAEFER

Name of Contact Person

IMMIX TECHNOLOGY, INC.

Firm/Company

8444 WESTPARK DR., STE 200

MCLEAN, VA 22102

City/State and Zip Code

sbrewer@annualregistration.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

URS Agents C/O Kanetha Bishop at 800 367-4397

Name of Contact Person

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

1. The name of the corporation: IMMIX TECHNOLOGY, INC. 2. The principal office address: 8444 WESTPARK DR., STE 200 MCLEAN, VA 22102 3. The mailing address (if different): 4. Date of incorporation/qualification: 06/19/2001 Document number: F01000003250 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): URS AGENTS, LLC 3458 LAKESHORE DRIVE P.O. Box NOT scoepuble TALLAHASSEE, FL 32312 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. MICHAEL CASALE, VICE PRESIDENT Printed or typed same and tills In this coppetity. If further agree to comply with the provisions of all statutes registered to the proper and complete in further agree to comply with the provisions of all statutes registered to the proper and complete.	_	r to change its registered office or registered agent, or both, in the State of Ploric			
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	Micha	MICHAEL CASALE, VICE PRESI	DENT		
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.		pt the appointment as registered agent and agree to act in this capacity, is to comply with the provisions of all statutes relative to the proper and comple of my dulies, and I am familiar with and accept the obligation of my position as this document is being filed merely to reflect a change in the registered office a m that the corporation has been notified in writing of this change.	ste i registere iddress, l	ď	
K.PS 6.26.2017	_K.	6.26.2017			
Signature of Registered Agent If signing on behalf of an entity:	If signing on h				
Kanetha Bishop, Assistant Secretary					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)