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Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H25000012885 3)))



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To: Division of Corporations Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:___

REGISTERED AGENT CHANGE GOVCONNECTION, INC.

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COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: GovConnection, In	IC.
DOCUMENT NUMBER: F0200003	3170
The enclosed Statement of Change of Registered C	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Mary Castillo	
Name of Contact Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy. Ste 400	
Address	
Austin, Texas 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual r	eport notification)
For further information concerning this matter, ple	rase call:
Mary Castillo	at (888) 705-7274 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the De	epartment of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

Tallahassee, FL 32314

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

itatement of cha	provisions of sections 607,0 unge is submitted for a corpe er to change its registered of	oration organized under	the le	tws of the State of Ma	aryland	
		**	, or o	un, in the state of viol	rida.	
	the corporation: GovCon		. 261	Dookville MD	20050	
2. The principal	office address: 2275 Res	search bivo. Suite	300	J Rockville, MD	20000	······································
3. The mailing a	address (if different):					
-	poration/qualification: 6/2	1/2002 _{Doc}	umen	number: <u>F020000</u>	03170	
5. The name an	d street address of the curren	t registered agent and re				
	C T Corporation	System			<u>::</u>	202
	1200 South Pine Islan	nd Road				JA!
	Plantation	1	FL	33324	1000 1000 1000 1000 1000 1000 1000 100	2025 JAN 13
6. The name and (if changed):	d street address of the new re	,		nd /or registered office	PESTATE OF THE PERSON OF THE P	PH 2:30
	2894 Remington	Green Ln. Ste.	. A			
	Tallahassee	P.O. Box NOT accept FL 3	ible 3230)8		
The street address changed will	ess of its registered office a l be identical.	nd the street address of	the h	usiness office of its re	egistered	agent,
Such change wouthorized by the	as authorized by resolution he board, or the corporation	duly adopted by its boat has been notified in w	ard of riting	directors or by an off of the change.	icer so	
s/ Briant		Brian H	icks	Tr	easurer	
hereby accept further agree of my duties, ar locument is be	ite of avoilleer of director the appointment as registe to comply with the provisio id I am familiar with and ac ing filed merely to reflect a s been notified in writing of	ns of all statutes relatively the obligation of change in the registere	act b	nted or typed name and litte of this capacity, the proper and comple sition as registered a ce address, I hereby c	ete perfoi gent. Or confirm ti	mance if this hat the
М	معانين	01/10	/202	:5		
Stg	mature of Registered Agent			Date		
f signing on bo	chalf of an entity:					
Mackenzie Hibl	er, Assistant Secretary					
ī	yped or Printed Name * * *	FILING FEE: \$35.00	* * *			
		TALING PEE, 333,00	•			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)