Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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 AVANADE INC.

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Help

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

statement of cha	ange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this attion organized under the laws of the State of Florida
		e or registered agent, or both, in the State of Florida.
	the corporation; Avanade Inc.	
2. The principal	office address: 1191 Second Av	venue,Suite 100, Seattle, WA 98101
3. The mailing a	address (if different):	
4. Date of incor	poration/qualification: 05/08/20	Document number: F03000002330
	d street address of the current r rtment of State: (If resigned, er	egistered agent and registered office on file with the nter resigned)
	C T CORPORATION SYSTEM	М
	1200 SOUTH PINE ISLAND I	ROAD
	PLANTATION, FL 33324	
PLANTATION, FL 33324 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): Corporate Creations Network Inc. 801 US Highway 1		
	Corporate Creations Network I	nc.
	801 US Highway 1	· 20
	North Palm Beach, FL 33408	P.O. Box NOT acceptable
The street address changed will	ess of its registered office and be identical.	the street address of the business office of its registered agent,
Such change was authorized by the	as authorized by resolution du he board, or the corporation ha	aly adopted by its board of directors or by an officer so as been notified in writing of the change.
Adia My	les	Adia Myles, Attorney-in-Fact
I hereby accept I further agree of my duties, an document is bei	to comply with the provisions	Printed or typed name and title d agent and agree to act in this capacity, of all statutes relative to the proper and complete performance opt the obligation of my position as registered agent. Or, if this ange in the registered office address, I hereby confirm that the is change.
Adia Myles Organiture of Registered Agent		11/25/2024
Ø18	mature of Registered Agent	Date
If signing on be	chaif of an entity:	
Adia Myles, Spe		
1	yped or Printed Name	H INC FEE, 635 00 + + +

* * * FILING FEE: \$35.00 * * *