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(((H24000050370 3)))



H240000503703ABCV

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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

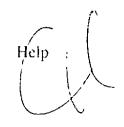
\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* င္မ်ာ

Email Address:\_

## REGISTERED AGENT CHANGE HANDSHAKE SOFTWARE, INC.

| Certificate of Status | 0       |
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| Certified Copy        | 0       |
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cho   | ange is submitted for a corporation  | 17.0502, 607.1508, or 617.1508, Florida Statutes, organized under the laws of the State of Georgia  | this                                     |
|--|--|---|--|
|  |  | registered agent, or both, in the State of Florida.   |  |
| 1. The name of   | the corporation: Handshake Softwar   | e, Inc.   |  |
| 2. The principal   | office address: 500 Northridge Road  | 1 Suite 800 Atlanta, GA 30350   | <u> </u>                                 |
| 3. The mailing a   | address (if different):  |   |  |
| 4. Date of incor   | poration/qualification: 02/08/2006   | Document number: F06000000771   | ****                                     |
|  | d street address of the current regist<br>rtment of State: (If resigned, enter n   | ered agent and registered office on file with the esigned)  |  |
|  | CORPORATION SERVICE COMP   | PANY  |  |
| 1201 HAYS STREET   |  |   | 2021                                     |
|  | TALLAHASSEE, FL 32301-2525   |   | 2024 F.23                                |
| 6. The name and street address of the new registered agent (if changed) and /or registered offi (if changed):  United Agent Group Inc. |  | d agent (if changed) and /or registered office  | 5  |
|  |  |   | t: 35                                    |
|  | 801 US Highway 1   | P.O. Box NOT acceptable   | <b>.</b>                                 |
|  | North Palm Beach, FL 33408   | N. Fr. C. C. C. Lecepaine   |  |
| The street address changed will  | ess of its registered office and the s<br>be identical.  | street address of the business office of its registe  | red agent,                               |
| Such change wa<br>authorized by the  | as authorized by resolution duly ac<br>he board, or the corporation has be   | dopted by its board of directors or by an officer seen notified in writing of the change.   | 30                                       |
| /s/ Tymberlyn Teefey   |  | Tymberlyn Teefey, Attorney-in-Fact  |  |
| Signatu  | re of an officer or director   | Printed or typed name and title   |  |
| l furthér agrée<br>of my duties, an<br>document is bei   | the appointment as registered age<br>to comply with the provisions of al<br>al I am familiar with and accept th<br>ing filed merely to reflect a change<br>s been notified in writing of this ch | ent and agree to act in this capacity.<br>Il statutes relative to the proper and complete pe<br>ne obligation of my position as registered agent.<br>in the registered office address, I hereby confir<br>ange. | erformance<br>Or, if this<br>on that the |
| /s/ Tymberlyn Teefey   |  | 02/06/2024  |  |
| Sig  | nature of Registered Agent   | Date  |  |
| If signing on be   | chalf of an entity:  |   |  |
| Tymberlyn Teef   | ey, Special Secretary  |   |  |
| L  | yped or Printed Name   |   |  |

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