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Florida Department of State
Division of Corporations
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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:_____

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REGISTERED AGENT CHANGE

SIERRA MANAGEMENT AND TECHNOLOGIES, INC.

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S. YOUNG

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H20000110394 3

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Sierra Management and Technologies, Inc.
Name of Corporation

DOCUMENT NUMBER: F06000003620

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

Please return all correspondence concerning this matter to the following:

Mary Castillo
Name of Contact Person

Registered Agent Solutions, Inc.
Firm/Company

1701 Directors Blvd. Suite 300
Address

Austin, Texas 78744
City/State and Zip Code

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

For further information concerning this matter, please call:

Mary Castillo
Name of Contact Person

at (888) 705-7274
Area Code & Daytime Telephone Number

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

Mailing Address:	**Street Address:**
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

CR2E045 (04/13)

H20000110394 3

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of __Maryland__ _____ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: **Sierra Management and Technologies, Inc.**

2. The principal office address: **44427 AIRPORT RD STE 130**
   CALIFORNIA, MD 20619

3. The mailing address (if different): _____

4. Date of incorporation/qualification: **5/18/2006**   Document number: **F06000003620**

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):

   Registered Agent Solutions, Inc.
   155 Office Plaza Dr.   Suite A
   P.O. Box NOT acceptable
   Tallahassee   FL   32301

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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.

/s/ *Jeff Wynne*   **Jeff Wynne**   **President**
Signature of an officer or director   Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered 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.

Mackenzie Hart   **04/15/2020**
Signature of Registered Agent   Date

If signing on behalf of an entity:

Mackenzie Hart, Assistant Secretary
Typed or Printed Name

* * * FILING FEE: $35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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