## F08 00000 2219

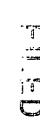
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Constitution to Elias Office
Special Instructions to Filing Officer.

Office Use Only

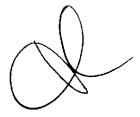


600396613136

2022 OCT 27 AM 9: 11



9099 OC1 27 PM 3: 2



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 120000000195

REFERENCE : 061044 8196929

AUTHORIZATION :

COST LIMIT : COST LIMIT

ARROW ENTERPRISE COMPUTING

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

SOLUTIONS, INC.

CERTIFIED COPY
XX PLAIN STAMPED COPY

NAME:

CONTACT PERSON: Eyliena Baker

EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation or ir to change its registered office or i	organized under the laws o	of the State of <u></u>	ELAWA		
1. The name of t	the corporation: ARROW ENTERPE	RISE COMPUTING SOLU	ITIONS, INC.			
2. The principal	office address:					
3. The mailing a	nddress (if different):					_
4. Date of incorp	poration/qualification: 05/15/2008	Document num	ber:F080000	02219		_
	I street address of the current register timent of State: (If resigned, enter re		ffice on file wit	h the		
	URS AGENTS, LLC					
	3458 LAKESHORE DRIVE				2	
	TALLAHASSEE	FL 3	2312		022 0	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered offic Corporation Service Company			cel T		· · ·
	1201 Hays Street				9:	
	P			_		
	Tallahassee	FL 3	2301			
The street addreas changed will	ess of its registered office and the s be identical.	street address of the busine	ess office of its	register	ed agent.	
Such change was authorized by th	as authorized by resolution duly ad ne board, or the corporation has be	opted by its board of dire en notified in writing of th	ctors or by an c ne change.	officer so	)	
Jul E. Wane		Jill Cilmi, Vice Pres				
/ I	re of an officer or director		typed name and title			
согрогацон наѕ	the appointment as registered age to comply with the provisions of al ad I am familiar with and accept th ng filed merely to reflect a change been notified in writing of this ch Service Gompany	nt and agree to act in this I statutes relative to the pi e obligation of my position in the registered office ac ange.	capacity roper and comp n as registered ddress. I hereby	olete per agent. ( confirn	formance Or, if this n that the	2
By: \(\frac{1}{2}\)	are Cokubi.	10/25/2022				
Sig	nature of Registered Agent		Date			
If signing on be	half of an entity:					
Grace E. Kirby,	Asst. Vice President					
T	yped or Printed Name					

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