FORWOOD Ados

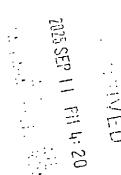
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J. HORNE SEP 1 2 2025				
SEP 1 2 2025				
·				

Office Use Only



700453308787

2025 St. 11 17/12: 13





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:09/	11/2025	
Name:	Delijah Showers	_
Reference #:	2845922	_
Entity Name:	DTIQ TECH	INOLOGIES, INC.
Articles of	Incorporation/Authorization	n to Transact Business
☐ Amendme	ent	
✓ Change o	f Agent	
Reinstate	ment	
Conversion	n	
☐ Merger		
Dissolutio	n/Withdrawal	
Fictitious	Name	
Other		
Authorized Amou	unt: \$35	
Signature Del	ijah Showers	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGŁOBAL.COM

Account#: 120000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date:	09/11/2025				
Name:	Delijah Showers				
	#: 2845922				
	e: DTIQ TECHI	NOLOGIES, INC.			
Artic	les of Incorporation/Authorization t	o Transact Business			
☐ Amendment					
✓ Change of Agent					
Reinstatement					
Con	version				
☐ Merg	ger				
☐ Dissolution/Withdrawal					
Fictitious Name					
☐ Othe	rr				
Authorized	Amount: \$35				
Signature: Delizah Showers					

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

statement of ch	provisions of sections 607.0502, 617.0 ange is submitted for a corporation org er to change its registered office or reg	ganized under the laws of the Sto	ate of California
		TIQ TECHNOLOGIE	
	office address: No Change		
3. The mailing	address (if different):		
4. Date of incom	poration/qualification: June 13,	2008 Document number:	F08000002663
	d street address of the current registere rtment of State: (If resigned, enter resigned)		file with the
	CT Corpora	tion System	
	1200 South Pir	ne Island Road	
	Plantation,	FL 33324	
6. The name an (if changed):	d street address of the new registered a		ered office 275 St.
	115 North Calhoun S	t., Suite 4	
		NOT acceptable	
The street addr as changed wil	ess of its registered office and the stre l be identical.	eet address of the business offic	e of its registered agent.
Such change wauthorized by t	as authorized by resolution duly adop he board, or the corporation has been	ted by its board of directors or notified in writing of the chang	by an officer so e.
/s/ Saša Zor		Saša Zorovic	CFO
I hereby accep I further agree performance o	the appointment as registered agent to comply with the provisions of all si my duties, and I am familiar with an is document is being filed merely to r that the corporation has been notifie	tatutes relative to the proper and accept the obligation of my po	ty. nd complete osition as registered
/s/ Timothy			
	nature of Registered Agent	Date	
It signing on be	half of an entity:		

Timothy Mayville, Assistant Secretary

Typed or Printed Name

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