

**Florida Department of State**  
**Division of Corporations**  
**Electronic Filing Cover Sheet**

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**To:**

Division of Corporations  
Fax Number : (850)617-6380

**From:**

Account Name : CAPITOL CORPORATE SERVICES, INC.  
Account Number : I20160000048  
Phone : (800)345-4647  
Fax Number : (800)432-3622

**\*\*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**  
**MICROPACT GLOBAL, INC.**

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**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 DELAWARE in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: MICROPACT GLOBAL, INC.
2. The principal office address: 12901 WORLDGATE DR., STE. 800 HERNDON, VA 20170
3. The mailing address (if different): 5101 TENNYSON PARKWAY PLANO, TX 75024
4. Date of incorporation/qualification: 1/19/2011 Document number: F11000000234
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)


CORPORATION SERVICE COMPANY1201 HAYS STREETStreet AddressTALLAHASSEEFL32301-2525CityStateZip Code

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Capitol Corporate Services, Inc.515 East Park Avenue 2nd FlStreet AddressP.O. Box NOT acceptableTallahasseeFL32301CityStateZip Code

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.


Signature of an officer or directorVice President & SecretaryPrinted 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.


Signature of Registered Agent5/1/2020Date

If signing on behalf of an entity:

Wyndalwood Assistant Sec.

Typed or Printed Name

of Capitol Corporate Services, Inc.

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

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

CR25045 (03/12)

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