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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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

😘 Rmail Address:

REGISTERED AGENT CHANGE REKOR RECOGNITION SYSTEMS, INC.

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $^{\perp}$

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: REKOR RECO	GNITION	SYSTEMS, I	NC.
2. (a)		(1	»)	
~· (-;	Principal office address of limited hability company. (Note: MUST BE STREET ADDRESS)	(,		Mailing address of limited liability company (Note: MAYBE POST OFFICE BOX)
	7172 Columbia Gateway Drive, Ste 400		7172 Colui	mbia Gateway Drive, Ste 400
	Columbia, MD 21046		Columbia,	MD 21046
	05/25/2011		F11000002	222
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
J. (a)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of State	<u>.</u>
	C T CORPORATION SYSTEM		•	
	Registered Office Address MUST BE FLORIDA STREET	ADDRESS	- :	
	1200 SOUTH PINE ISLAND ROAD		<u>-</u>	
	PLANTATION	33324		
	, r	r		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registers</u> LEGALING CORPORATE SERVICES INC.	d Office ad	dress.	
	NEW Registered Office Address	 -		
	5237 SUMMERLIN COMMONS BLVD, SUITE 400			
	FORT MYERS , F	L 33907		
[f+b=1]			C. CEI	
change agent w was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registere iability con of the limited li	d office and mpany, it is ited liability ability com	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signat	Robert Beamon use of a member or authorized representative of a member	Robe	ert Berman	
I herel provision the oblition to mere notified	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It in writing of this change.	ree to act performa ed for in C hereby co	m this cana	Printed or typed name of signee city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signatur	e of Registered Agent			

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00