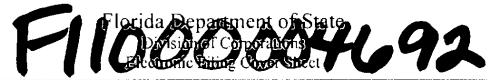
3/3/2020

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:		三
. •	Division of Corporations	
	Fax Number : (850)617-6380	
		***
From:		4.5
	Account Name : C T CORPORATION SYSTEM	
	Account Number : FCA000000023	9: 48 :: FL
	Phone : (614)280-3338	그리 토
	Fax Number : (954)208-0845	1T W

Email Address:\_\_\_\_\_

## REGISTERED AGENT CHANGE KSII SOLUTIONS INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

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Corporate Filing Menu

Help

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

Pursuant to the provisions of secti- statement of change is submitted fo in order to change its reg	or a corporation organiz		of TX
1. The name of the corporation: KS	SH SOLUTIONS INC.		
2. The principal office address: 27:	50 Prosperity Ave Ste 600,	Fairfax, VA 22031	
3. The mailing address (if differen	t): 26745 Malibu Hills Roa	ad, Calabasas, CA, 91301	
			0004692 G HAR
4. Date of incorporation/qualificat	ion: 11/22/2011	Document number: F1100	00046922 当
5. The name and street address of Florida Department of State: (If	the current registered age	ent and registered office on file	with the
CORPORATION	SERVICE COMPANY		_ =
1201 HAYS STRI	ЕЕТ		AM 9: 148
TALLAHASSEE,	FL, 32301-2525		
6. The name and street address of (if changed):	the new registered agent	(if changed) and /or registered	office
C T Corporation S	ystem		
c/o C T Corporatio	on System, 1200 South Pin	e Island Road	
	P.O. Box NOT ac	ceptable	_
Plantation, Florida	33324		
The street address of its registere as changed will be identical.			
Such change was authorized by reauthorized by the board, or the co	esolution duly adopted be exporation has been notif	y its board of directors or by a fied in writing of the change.	nn officer so
		Jennifer Kurz, Secretary	
//// / / / / /	as registered agent and a e provisions of all statut im familiar with and acc ing filed merely to reflec ion has been notified in y Alfred Younan	es relative to the proper and co ept the obligation of my positi	omplete ion as registered
Signarure of Registered Age	morant occietal A	Date	
If signing on behalf of an entity:			
Typed or Printed Name			
	* * * FILING FEE	: \$35.00 * * *	