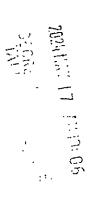
F1300000 2082

(Requestor's Name)
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CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I20000000195 REFERENCE 436840 8448623 AUTHORIZATION : \$ 35.0						
ORDER DATE : April 26, 2024						
ORDER TIME : 1:46 PM	2001					
ORDER NO. : 436840-009						
CUSTOMER NO: 8448623						
CHANGE OF AGENT	0.5					
NAME: NATIONAL TELECOMMUTING INSTITUTE, INC.						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Shauna Godbolt						
EXAMINER'S INITIALS:						

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

statement of ch	provisions of sections 607.0502, (ange is submitted for a corporatio er to change its registered office o	n organized under the laws o	of the State of Ma	assachusetts	
1. The name of	the corporation: NATIONAL TEL	ECOMMUTING INSTITUTE	E, INC.		
2. The principal	office address: 410 University A	venue, #11045, Westwood,	MA 02090-231	1	
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 05/13/201	3 Document num	nber: F13000002	2082	
	d street address of the current registrement of State: (If resigned, enter		ffice on file with t	the	
	Registered Agents Inc				
	7901 4th Street N, Suite 300				
	St. Petersburg	FL 33	3702		
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or	r registered office	kn 06	
	Corporation Service Company				
	1201 Hays Street				
	T-11-6	P.O. Box NOT acceptable	2204		
	Tallahassee	FL 32	2301		
The street addre as changed will	ess of its registered office and the be identical.	street address of the busine	ss office of its re	gistered agent,	
Such change wa authofized by th	as authorized by resolution duly a ne board, or the corporation has b	dopted by its board of directen notified in writing of the	tors or by an offi e change.	icer so	
Xie	2 aoni	Jill Cilmi, Vice Pres	sident		
/ 19	re of an officer or director		typed name and title	- Fig. 28	
iocument is bei corporation has	the appointment as registered ag to comply with the provisions of a d I am familiar with and accept t ng filed merely to reflect a chang been notified in writing of this c n Service Company	e in the registered office add	capacity. oper and comple 1 as registered ag dress, I hereby co	onfirm that the	RECEI
By: Cli	Mey	05/16/2024	Data		٧£
_	nature of Registered Agent		Date		ED
f signing on bel	half of an entity:			是 24	_
Ami M. Casper,	Asst. Vice President				
Tv	med or Printed Name				

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)
436840-9