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R	equestor's Name)
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PICK-UP	WAIT MAIL
	usiness Entity Name)
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R. WHITE

MAR 02 2018

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : 12000000195 REFERENCE : AUTHORIZATION COST LIMIT : \$ 35.00 ORDER DATE: March 29, 2018 ORDER TIME : 8:57 AM ORDER NO. : 139943-010 CUSTOMER NO: 8157286 CHANGE OF AGENT NAME: PARADIGM COMPUTER CONSULTING, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER'S INITIALS:

CONTACT PERSON: Roxanne Turner

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

	•	, 617.0502, 607.1508, or 617.1508. Florida . ion organized under the laws of the State of $\_$	
		or registered agent, or both, in the State of I	
1. The name	of the corporation: PARADIGM CC	OMPUTER CONSULTING, INC.	
		ER RD UNIT 46 BEDFORD, NH 03110	
3. The mailin	ng address (if different):		<u></u>
4. Date of in	corporation/qualification: 01/08/20	Document number: F140000	000109
	and street address of the current regepartment of State: (If resigned, enter	gistered agent and registered office on file wer resigned)	ith the
İ	CT CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND R	ROAD	 ∵ : <b>′ ≅</b>
	PLANTATION, FL 33324		HAR
6. The name (if change	•	tered agent (if changed) and /or registered of	30 × 11 × 11 × 11 × 11 × 11 × 11 × 11 ×
	Corporation Service Company	!	, <del>F</del>
i	1201 Hays Street		<b>U</b>
	P.C Tallahassee	Box NOT acceptable FL 32301	
		FL 32301	
The street ac as changed v	ddress of its registered office and the will be identical.	he street address of the business office of it	s registered agent,
Such charge authorized b	e was authorized by resolution duly by the board, or the corporation has	vadopted by its board of directors or by an seen notified in writing of the change.	officer so
A.	L	Brian Lane, CFO	
	gnature of an officer or director	Printed or typed name and till	le .
I hereby acc I further egr performatice agent. Or, i hereby confi	rept the appointment as registered a ree to comply with the provisions o e of my duties, and I am familiar w f this document is being filed mere frm that the corporation has been r	agent and agree to act in this capacity. If all statutes relative to the proper and com ith and accept the obligation of my position by to reflect a change in the registered offic notified in writing of this change.	aplete Das registered Se address, I
CORPA	ation Service Company	2120110	Roxanne Turner Asst. Vice Presiden
By: 1(1)	Signature of Registered Agent	2 2 Date 10	
If signing or	n behalf of an entity:		
	Typed or Printed Name	INCI PPP CACOO A 4 4	
1	* * * FIL	ING FEE: \$35.00 * * *	

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