

F1400000749
 Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850)617-6380

From: Account Name : COMPUTERSHARE
 Account Number : 110432003053
 Phone : (561)694-8107
 Fax Number : (561)214-8442

****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
 DATAWIZ CORPORATION**

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

2023 NOV 27 11:10:39

2023 NOV 27 PM 12:59

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

1. The name of the corporation: DATAWIZ CORPORATION

2. The principal office address: 8200 Greensboro Dr. Suite 900 McLean, VA 22102

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 02/18/2014 Document number: F1400000749

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)

Registered Agents Inc

7901 4th St N Ste 300 St Petersburg, FL 33702

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

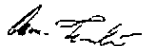
Corporate Creations Network Inc.

801 US Highway 1 North Palm Beach FL 33408

P.O. Box NOT acceptable

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.

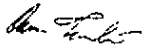


Signature of an officer or director

Ariana Turoski, Attorney-in-fact

Printed 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 Agent

11/27/23

Date

If signing on behalf of an entity:

By: Ariana Turoski, Special Secretary

Typed 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

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