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Division of Corporations

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Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

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REGISTERED AGENT CHANGE D.D. TECHNOLOGY, INC.

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June 6, 2018

FLORIDA DEPARTMENT OF STATE
Division of Corporations

D.D. TECHNOLOGY, INC. 1204 CLEVELAND AVENUE MOUNT VERON, WA 98273

SUBJECT: D.D. TECHNOLOGY, INC.

REF: F14000001555

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Susan Tallent Regulatory Specialist II FAX Aud. #: H18000169054 Letter Number: 918A00011737

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SECRETARY OF STATE
ALLAHASSEE, HI 99 PP

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

statement of c	hange is submuted for a corporati	, 617,0502, 607,1508, or 617,1508, Florida Statities. ion organized under the laws of the State of <mark>Washim</mark> or registered agent, or both, in the State of Florida.	gton	
	of the corporation: D.D. TECHNOL			
2. The princip	al office address: 1204 CLEVELA	ND AVENUE		
3. The mailing	g address (if different):	·		
		Document number: F14000001555		
	nd street address of the current repartment of State: (If resigned, enti	gistered agent and registered office on file with the erresigned)		
NRAI SERVICES, INC				
	1200 SOUTH PINE ISLA			<u>.</u>
	PLANTATION, FL 33324		26	
6. The name a (if changed):	tered agent (if changed) and /or registered office	が の は の の の の の の の の の の の の の	-6 AH
	Northwest Registered	Agent, LLC.	 	39
3030 N. Rocky Point Dr. STE 150A			**************************************	<u>د</u> ې ټ
	Tampa FL 33607	, вол поляссериюн		
The street add	lress of its registered office and the identical.	he street address of the business office of its registe	ered agent,	•
Such change vauthorized by	was authorized by resolution duly the board, or the corporation has	adopted by its board of directors or by an officer speed notified in writing of the change.	so	
مر. میں ایر میں ایر میں ایر	June of an officer or director	Orlande Sivacoe, President		
		erioled of typed many and time agent and agree to act in this capacity, f all statutes relative to the proper and complete ith and accept the obligation of my position as regi ly to reflect a change in the registered office addre iotified in writing of this change.		
lon	-Glove_	5/29/18		
3	ignature of Registered Agent	Date		
-	pehalf of an entity:			
Tom Glov	EF Typed or Printed Name	_		
		ING FEE: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)