FILIC COCLIAND

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ASSOCIATION OF SMILE.

RAROCH8

JUL 13 2016

I ALBRITTON



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

* ATTN: IRENE ALBRITTON

From: Mary Rivers mary.rivers@cscglobal.com

Date: July 11, 2016

Order#: 209951-004

Re: LATISTA TECHNOLOGIES, INC.

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office.

XX Please apply our \$35.00 exedut to this filling.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers

c/o Corporation Service Company 2711 Centerville Road, Suite 400

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA



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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of VIRGINIA registered agent, or both, in the State of Florida.	
1 The name of t	he corporation: LATISTA TECHN	OLOGIES, INC.	
2. The principal	office address: 12110 SUNSET HI	ILLS ROAD, SUITE 150 RESTON, VA 20190	
3. The mailing a	·		
4. Date of incorp	poration/qualification: 11/10/2014	Document number: F14000004740	
5. The name and		tered agent and registered office on file with the	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROA	AD Ess	291
	PLANTATION, FL 33324		2016 JUL
6. The name and (if changed):	street address of the new registere	ed agent (if changed) and /or registered office	$\bar{\omega}$
	Corporation Service Company	7 m 1	PH 2:
	1201 Hays Street		: 29
		ox NOT acceptable	Φ,
	Tallahassee	FL 32301	
_		street address of the business office of its registered agen dopted by its board of directors or by an officer so en notified in writing of the change.	ı t,
Bia~S.I	tierin	Brian S. Higgins, Vice President	
Signatui	e of an officer of affector	Printed or typed name and title	
agenı. Or, 17 ini hereby confirm 1	the appointment as registered age o comply with the provisions of almy duties, and I am familiar with s document is being filed merely that the corporation has been noting that the corporation has been noting the sprvice Company	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered o reflect a change in the registered office address, I ified in writing of this change.	
By: Those	ature of Registered Agent	07/08/2016 Date	
If signing on bel		Date	
	Assistant Vice President		
· · · · · · · · · · · · · · · · · · ·	ped or Printed Name		
	* * * FILIN	G 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)