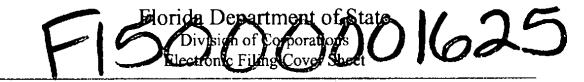
3/30/2021

Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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O SIMMONS

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

statement of	the provisions of sections 607.0502, 617.0 change is submitted for a corporation org	ganized under the laws of the Stat	e of Minnesota
	order to change its registered office or reg of the corporation: Remote Technologies		e of Florida.
	pal office address: 5775-12th Ave East, #1 . MN 55379		
3. The mailin	ng address (if different):		
4. Date of inc	corporation/qualification: 7/22/1992	Document number: F	15000001625
	and street address of the current registere partment of State: (If resigned, enter resigned)		le with the
	Clinton J Forberg		
	4125 SW 7th Avenue		
	Cape Coral, FL 33914		,
6. The name (if changed	and street address of the new registered a	gent (if changed) and /or registere	ed office
	C T Corporation System		
	1200 South Pine Island Road		
	P.O	Box NOT acceptable	
	Plantation, Florida 33324		
The street ad as changed v	dress of its registered office and the stre will be identical.	et address of the business office	of its registered agent
Such change authorized by	was authorized by resolution duly adop y the board, or the corporation has been	ted by its board of directors or b notified in writing of the change	y an officer so
W	hlah	Mark De.	pus, LFO
I furthèr agro of my duties document is c corporation (ept the appointment as registered agent ee to comply with the provisions of all st and I am familiar with and accept the o being filed merely to reflect a change in has been notified in writing of this change	atules relative to the proper aña bligation of my position as regis the registered office address, l'r	
C T Corporat	TON System CHANNIN KUM	3/19/2021	
	Signature of Registered Agent	Date	
If signing on	behalf of an entity:		
Christ	ine Kelm		
	Typed or Printed Name		
	* * * FILING 1	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)

By: