Division of Corporations

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Division of Corporations

: (850)617-6380 Fax Number

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 : (614)573-3996 Phone Fax Number

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

One **Enter the email address for this business entity to be used for future

REGISTERED AGENT CHANGE AVALON INTEGRATION, INC.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of cha	nge is submitted for a corpor	i02, 617.0502, 607.1508, or 617.1508, Florida ration organized under the laws of the State of ice or registered agent, or both, in the State of	NJ	
	C C 2	,	I NA ICKI.	
The name of the corporation: AVALON INTEGRATION, INC. The principal office address: 901 Elkridge Landing Road, Suite 300 Linthicum Heights, MD 21090-2920				
3. The mailing a	ddress (if different):			
4. Date of incorp	rate of incorporation/qualification: 04/07/2016 Document number: F16000001653			
	I street address of the current tment of State: (If resigned, o	registered agent and registered office on file wenter resigned)	vith the	
	INCORP SERVICES, INC.			
	17888 67TH COURT NORT	н		
	LOXAHATCHEE, FL 33470)	2022 AUG 25	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				
	CT Corporation System		AH SSEE	
	1200 South Pine Island Road		4 8: 30	
	Plantation, Florida 33324	P.O. Box NOT acceptable	30	
The street address changed will	ess of its registered office an be identical.	d the street address of the business office of	its registered agent,	
Such change wa authorized by the	as authorized by resolution d ne board, or the corporation	luly adopted by its board of directors or by ar has been notified in writing of the change.	n officer so	
Michele Adams		Michele Adams, Treasurer & Sec-	Michele Adams, Treasurer & Secretary	
Signam	12 (1 gp.) Te of an officer or director	Printed or typed name and	litle	
I furthér agrée of my duties, an document is hei	to comply with the provision d I am familiar with and acc ng filed merely to reflect a c : been notified in writing of i	ed agent and agree to act in this capacity, is of all statutes relative to the proper and corcept the obligation of my position as register- thinge in the registered office address, I here this change.	mplete performance ed agont. Or, if this by Confirm that the	
	. Boll	8/23/2022		
Sig	mittire of Registered Agent	Date		
If signing on be	half of an entity:			
	ise Bell	·		
Т	sped or Printed Name			
	\$ ★ ☆	FU INC BEE: \$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: