Florida Department of State

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : 120080000045 Phone : (302)645-7400 Fax Number : (302)645-1280

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

Email Address:

reshmi.shankar@dtelcorp.com

REGISTERED AGENT CHANGE DTEL CORP

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

statement of cha	nge is submitted for a corporat	617.0302, 607.1308, or 617.1308, FR on organized under the laws of the Sta or registered agent, or both, in the Sta	ite of Texas
1. The name of t	he corporation: DTEL CORP		
2. The principal	office address: 300 N COFF RD	STE 1000	
RICHARDSON.		<u> </u>	
•	·		
 Date of incorp 	oration/qualification: 07/21/20	Document number: F1	7000003261
	street address of the current re tment of State: (If resigned, ent	gistered agent and registered office on er resigned)	file with the
	INCORP SERVICES, INC		
	17888 67TH COURT NORTH		
	LOXAHATCHEE, FL 33470		2022 SEC 172
6. The name and (if changed):	street address of the new regis	ered agent (if changed) and /or registe	1022 HAR 31 SECRETARY TALLAHA
	Registered Agents Inc.		<u>ن</u>
	7901 4th Street N. Ste 300		AM 9: 0F STA SEE. FI
		P.O. Box. NOT acceptable	
	St. Petersburg, FL 33702		
The street addre	ss of its registered office and be identical.	he street address of the business offic	e of its registered agent.
Such change wa authorized by th	is authorized by resolution duline board, or the corporation ha	y adopted by its board of directors or s been notified in writing of the chang	by an officer so ge.
Signatu	re of an officer or director	Manoj Pillai Printed or typed hai	ne and title
oj my aunes, an document is hei	the appointment as registered a comply with the provisions d I am familiar with and acce ng filed merely to reflect a ch been notified in writing of th	agent and agree to act in this capaci of all statutes relative to the proper a of the obligation of my position as res nge in the registered office address, of change.	ty. nd complete performance vistered agent. Or, if this I hereby confirm that the
	ll June	03/30/2022	
·	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Bill Havre		**	
T	sped or Printed Name	INC. PPP CAROCALLA	
	* * * F1	LING 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)