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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

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

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REGISTERED AGENT CHANGE TASKTOPTECHNOLOGIESUSINCORPORATED

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To:

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

statement of cha	provisions of sections 607.0502, 617.05 unge is submitted for a corporation orga	inized under the laws of the State of [Delaware			
	er to change its registered office or regis					
1. The name of	the corporation: TASKTOP TECHNOLO office address: 524 N LAMAR BLVD, # AUSTIN, TX 78703	ons				
2. The principal	office address: 524 N LAMAR BLVD, #	202				
	AUSTIN, TX 78703					
3. The mailing a	iddress (it different):					
4. Date of incor	poration/qualification: 02/02/2018	Document number: F1800000	10570			
	d street address of the current registered rtment of State: (If resigned, enter resign		th the			
	BUSINESS FILINGS INCORPORATED)				
	1200 SOUTH PINE ISLAND ROAD					
	PLANTATION, FL 33324		_			
6. The name and (if changed):	d street address of the new registered age	ent (if changed) and /or registered of	2023 HAY			
	C T Corporation System		到一			
	1700 C -1 U' 1 1 1 1 1 1 1		Y OF			
	P.O. Be Plantation, Florida 33324	OX NOT neceptable	4 8:3			
The street addre	ess of its registered office and the stree be identical.	t address of the business office of it	s registered agent.			
Such change wa authorized by the	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by an officed in writing of the change.	officer so			
	re of an officer or director	JEANNE NELSON, ATTORNEY	IN FACT			
			le			
I further agrée of my duties, an document is bei corporation has	the appointment as registered agent a to comply with the provisions of all sta ad I am familiar with and accept the ob- ing filed merely to reflect a change in to s been notified in writing of this change	tutes relative to the proper and com	plete performance Lagent. Or, if this sy confirm that the			
CT Corporation	System (19) (19) (19) (19) (19) (19) (19) (19)	03/31/2023				
Sig	nature of Registered Agent	Date				
If signing on be	half of an entity:					
SEAN L. EMER	JCK, ASSISTANT SECRETARY					
	yped or Printed Name					
	* * * FILING F	EE: \$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: