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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (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.

Email	Address:								
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REGISTERED AGENT CHANGE BLUEWATER FEDERAL SOLUTIONS, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

2020-09-30 17:49:33 CST

statement of cha	nge is submitted for a corporation orga	02, 607.1508, or 617.1508, Florida Statutes, this nized under the laws of the State of DELAWARE					
		tered agent, or both, in the State of Florida.					
	he corporation: BLUEWATER FEDERA	al solutions, inc.					
2. The principal Pasadena, CA 91	office address: 3475 E Foothill Blvd.						
3. The mailing a	ddress (if different):						
4. Dateofincorpo	oration/qualification: 3/22/2018	Document number: F18000001390					
	Istreet address of the current registered attent of State: (If resigned, enter resigned	agent and registered office on file with the ed)					
	CORPORATION SERVICE COMPANY						
	1201 HAYS STREET						
	TALLAHASSEE, FL 32301-2525						
6. The name and (ifchanged):	I street address of the new registered age	ent (if changed) and /or registered office					
	C T Corporation System						
	1200 South Pine Island Road						
		ox NOT acceptable					
	Plantation, Florida 33324						
		address of the business office of its registered agent.					
Such charge va authorized by the	is authorized by resolution duly adopte the board, or the corporation has been no	d by its board of directors or by an officer so otified in writing of the change.					
Var.	ty	PRESTON HOPSON, Secretary					
Signanii	e of an Occer or director	Printed or typed name and title					
I further norse i	d I am familiar with and accept the ob ng filed merely to reflect a change in th Deen notified in writing of this change	nd agree to act in this capacity. tutes relative to the proper and complete performance livation of my position as registered agent. Or, if this he registered office address, I hereby confirm that the '.					
C I Corporation	To the Same of	9/30/20					
Sign	nature of Registered Agent	Date					
If signing on be	half of an entity;						
By: Terrie Ba	tes, Asst. Secy.						
T	ped or Printed Name	CF: 63-00 4.4.4					

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By: