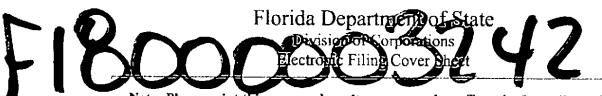
12/15/2020

Division of Corporations



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To:					
	Division of Corporations				
	Fax Number	: (850)617-6380			
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	Account Name	: C T CORPORATION SYSTEM			
	Account Numbe	er : FCA000000023			
	Phone	: (614)280-3338			
	Fax Number	: (954)208-0845			
Enter	the email addre	ess for this business entity to be used for future lings. Enter only one email address please.			
5 111	TOOL TEPOTE INDI	rings. Circle Only one email address prease.			
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REGISTERED AGENT CHANGE FRONTIER TECH. - FLORIDA INC.

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By:

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

statement of cha	provisions of sections 607.05 mge is submuted for a corpo r to change its registered off	ration organized	under the laws of the St	ate of California	: 	
	the corporation: FRONTIER	•	•••	······		
2. The principal BEAVERCREE	office address: 4141 COLON	EL GLENN HWY	STE 140			
3. The mailing a	ddress (if different):					
4. Date of incorp	ooration/qualification: 06/18	/2018	Document number: Fi	8000003242		
	I street address of the current tment of State: (If resigned,		and registered office on	file with the		
	MORRIS, JOE H					
	31046 CREEKRIDGE DR				~ 2	
	WESLEY CHAPEL, FL 335	43			2020 DEC 15	
6. The name and (if changed):	I street address of the new re	gistered agent (if	changed) and /or registe	ered office	<u> </u>	
	C T Corporation System					
	1200 South Pine Island Road				9: 2	
P.O. Box NOT acceptable						
	Plantation, Florida 33324					
The street address changed will	ess of its registered office ar be identical.	id the street addr	ess of the business officers	ce of its registered	agent,	
Such change wanthorized by the	as authorized by resolution one board, or the corporation	duly adopted by i has been notified	ts board of directors or hin writing of the chan	by an officer so ge.		
L.D.	rise Bell	Do	mise Bell, Secretary			
_ [-	re of an officer or director		Printed or typed na			
of my diffies, ar document is he	the appointment as register to comply with the provision of am familiar with and acting filed merely to reflect a second position of a System.	cept the obligation change in the reg	ree to act in this capaci relative to the proper a on of my position as re- istered office address,	ty, nd complete perfo gistered agent. Or I hereby confirm t	rmance - if this hat the	
Man	awthe Carlo		/14/2020			
•	issuer of Registered Agent		Date	· · · · · · · · · · · · · · · · · · ·	_	
-	half of an entity:					
Samantha Earls,	Asst Secretary sped or Printed Name					