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| (Requestor's Name) |
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CT CORP

(850)656-4724 3458 Lakeshore Drive, Tallahassee, FL 32312

| Da | ite: | 06/28/2023 | - 4: 1 >W |
|---|-------------------------------|---|---|
| | | Acc#I20160000072 | - 4n: () = V |
| Name: | VERUS TEC | CHNOLOGY GROUP, | INC. |
| Document #: | | | |
| Order #: | 15010915 | | |
| Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: | | | |
| Certified Copy of | | | |
| Apostille/Notarial Certification: | | Country of Destination: Number of Certs: | |
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| Availability Document Examiner Updater Verifier W.P. Verifier Ref# | Amount: | \$ 35.00 | |

Thank you!

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

Ι

| statement of cha | nge is submitted for a corporation | 7.0502, 607.1508, or 617.1508, Florida Storganized under the laws of the State of $\frac{1}{2}$ registered agent, or both, in the State of Fi | Delaware | | _ | | | |
|--|---|---|-----------|-------------|----------|--|--|--|
| 1. The name of t | he corporation: VERUS TECHNOI | .OGY GROUP, INC. | | | | | | |
| 2. The principal | office address: 4601 Fairfax Dr. Ste | 900, Arlington, VA 22203 | . 0 | | | | | |
| 3. The mailing a | ddress (if different): | | | | <u> </u> | | | |
| 4. Date of incorp | ooration/qualification: 01/18/2019 | Document number: F1900000 | 0356 | | | | | |
| | street address of the current registe tment of State: (If resigned, enter re | ered agent and registered office on file wit esigned) | h the | | | | | |
| | CORPORATION SERVICE COMP | PANY | | | | | | |
| | 1201 HAYS STREET | | | 29 | | | | |
| | TALLAHASSEE, FL 32301-2525 | | | 1923 J. H | . 1 | | | |
| 6. The name and (if changed): | street address of the new registere | d agent (if changed) and /or registered offi | ω | 28 | | | | |
| | C T Corporation System | | | R F | | | | |
| | 1200 South Pine Island Road | | FLE | կ։ 2կ | | | | |
| | P O Box NOT acceptable | | | | | | | |
| | Plantation, Florida 33324 | | | | | | | |
| The street address changed will | ss of its registered office and the be identical. | street address of the business office of its | register | ed age | nt. | | | |
| Such change wa authorized by th | is authorized by resolution duly ac ne board, or the corporation has be | dopted by its board of directors or by an een notified in writing of the change. | officer s | 0 | | | | |
| | L E- 411 | John E. Abbey, Vice President | | | | | | |
| - Kupani | e of shotteer or director | Printed or typed name and tit | le | | _ | | | |
| - I further agrec - of my duties, an - document is bei | o comply with the provisions of a d I am familiar with and accept the place of the first merely to reflect a change been notified in writing of this cl | ent and agree to act in this capacity, Il statutes relative to the proper and com ie obligation of my position as registered e in the registered office address, I hereb hange. | и авчет | Or. H I | ms | | | |
| Luga S | 0613813033 | | | | | | | |
| Sign Standard | natur Registered Agent | Date | | | _ | | | |
| If signing on be | half of an entity: | | | | | | | |
| | Assistant Secretary yped or Printed Name | | | | | | | |
| 1 | yped to rimed rame | | | | | | | |

* * * FILING FEE: \$35.00 * * *

By: