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Division of Corporations

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From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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## REGISTERED AGENT CHANGE ACTBLUE TECHNICAL SERVICES, INC.

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August 19, 2024

FLORIDA DEPARTMENT OF STATE

Division of Corporations

ACTBLUE TECHNICAL SERVICES, INC. 366 SUMMER STREET SOMERVILLE, MA 02144US

SUBJECT: ACTBLUE TECHNICAL SERVICES, INC.

REF: F19000002461

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Tammi Cline FAX Aud. #: H24000277641

Regulatory Specialist II Supervisor Letter Number: 324A00018494

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

		617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Massachuset	
		or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: Actblue Technica	at Services, Inc.	
		quare, 8th Floor South Boston, MA 02109	
3. The mailing	address (if different): PO Box 96	52017, Boston, MA 02196	<del></del> ·
4. Date of incor	poration/qualification: 05/23/201	9 Document number: F19000002461	
5. The name an Florida Depa	d street address of the current reg rtment of State: (If resigned, ente	sistered agent and registered office on file with the resigned)	2024 :
	NORTHWEST REGISTERED A	GENT LLC	57 (S)
	7901 4TH ST. N., STE 300		
	ST PETERSBURG, FL 33702		(2)
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		cred agent (if changed) and /or registered office	: 1,2
	Corporate Creations Network Inc.		
	801 US Highway 1		
		P.O. Box NOT acceptable	
	North Palm Beach, FL 33408		
The street address changed will	ess of its registered office and the be identical.	e street address of the business office of its registered	agent,
Such change was authorized by the	as authorized by resolution duly ne board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
	Office	Adia Myles, Attorney-in-Fact	
	re of an officer or director	Printed or typed name and title	
of my duties, an document is bei	o comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this company.	gent and agree to act in this capacity, all statutes relative to the proper and complete perfor the obligation of my position as registered agent. Or, ge in the registered office address, I hereby confirm th change.	rmance if this rat the
	Heri	8/19/2024	
	nature of Registered Agent	Date	<del></del>
If signing on be	half of an entity:		
Adia Myles, Spec	cial Secretary	_	
T	ped or Printed Name		

\* \* \* FILING 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)