## F19000004808

(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Dunings Entity Name)						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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2021 MAY -6 AH 3: 02
SECRETARY OF STATE

6/7/21 5P



CSC - WILMINGTON 251 Little Falls Drive De 19808 Wilmington

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: May 4, 2021

Order#: 793445-025

Re: PRIME GOVERNMENT SOLUTIONS, INC.

Enclosed please find:

Change of Registered Agent and Office.

XX Check in the amount of \$35\_\_\_.

Please take the following action:

XX File in your office on a routine basis.

Issue Proof of Filing.

Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	nge is submitted for a corpor	92, 617.0502, 607.1508, or 617.15 ation organized under the laws of t ce or registered agent, or both, in t	the State of <u></u>	Jtah	is ——	-
1. The name of t	the corporation: PRIME GOV	/ERNMENT SOLUTIONS, INC.				
		f Texas Highway S., Suite 180, A	ustin, TX 787	'46		_
3. The mailing a	ddress (if different):					<u> </u>
4. Date of incorp	ooration/qualification: 10/15/	/2019 Document number	er:F1900000	04808		
5. The name and		registered agent and registered offi				
	Registered Agent Solutions	s, Inc.		ch .	20	
	155 Office Plaza Drive, Sui	te A	782	ECRE TALL	1021 MAY -6	7
	Tallahassee, FL 32301			トラ 世界	9- 1	
6. The name and (if changed):	l street address of the new reg	istered agent (if changed) and /or r	registered offic		AH 3: 02	M
	Corporation Service Compa	any		<u></u>	02	
	1201 Hays Street					
	P.O. Box NOT acceptable					
	Tallahassee	FL 323	301			
The street addreas changed will	ess of its registered office and be identical.	I the street address of the business	s office of its	registered	d ager	10.
_	2 - 2	uly adopted by its board of directors been notified in writing of the	ors or by an of change.	fficer so		
	rifer Mabe	Jennifer Mabe		CFO		
	re of an officer or director	•	ped name and title			-
I further agree to of my duties, an document is beil corporation has	o comply with the provisions d I am familiar with and acc	d agent and agree to act in this cort of all statutes relative to the propert the obligation of my position is ange in the registered office additions change.	per and comp. as revistered i	aoent ()	n it ii	715
	, M. Ley	May 4, 2021				_
	nature of Registered Agent		Date			
If signing on be	half of an entity:					
	Asst. Vice President					
Ty	rped or Printed Name					

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