Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000078377 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : URS AGENTS LLC

Account Number : I20150000127

Phone

: (800)567-4397

Fax Number

: (800)567-4398

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. [7]

Email Address: john.kemp@point-broadband.com

REGISTERED AGENT CHANGE TALON AEROLYTICS (HOLDING), INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

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SULKES FEB 2 6 2021

TO:

(((H21000078377 3)))

COVER LETTER

Amendment Section

Name of Contact Person	TA.	ea Code & Daytime Tel	ephone Number
Kathy Clark	at (567-4397	
For further information concerning this matter, p	lease call:		
E-mail address: (to be used for future annual	тероп поинса	AIOH)	
john, kemp@point-broadband.		*ion\	_
City/State and Zip Code			
WEST POINT, FL 31833		_	
Address			
1791 OG SKINNER DRIVE, SUITE:C		_	
Firm/Company		-	
TALON AEROLYTICS (HOLDING), INC.		_	
Name of Contact Person	1		
John Kemp			
Please return all correspondence concerning this	matter to the fo	llowing:	
The enclosed Statement of Change of Registered			iimg.
	0.00		
DOCUMENT NUMBER: F19000005031			
Name of Corporation			
SUBJECT: TALON AEROLYTICS (HOLDING), I	NC.		_
Division of Corporations			

Enclosed is a \$35.00 check made payable to the Department of State.

Malling Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee

The Centre of Tallahassec 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

(((H21000078377 3)))

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

		registered agent, or both, in the State of Florida.
The name	of the corporation: TALON AEROLYT	ncs (Holding), Inc.
The principal office address: 1791 OG SKINNER DRIVE, SUITE:C. WEST POINT, FL 31833		
. Date of in	corporation/qualification: 11/05/2019	Document number: F19000005031
	and street address of the current register epartment of State: (If resigned, enter re	ered agent and registered office on file with the esigned)
	NRAI SERVICES, INC.	
	1200 SOUTH PINE ISLAND ROAD)
	PLANTATION, FL 33324	
(if change		d agent (if changed) and /or registered office
	3458 Lakeshore Drive	P.O. Box NOT accoptable
	Tallahassee, FL 32312	P.O. Box NOT acceptable
The street ac is changed i	ddress of its registered office and the s will be identical.	street address of the business office of its registered agent,
Such change wthorized b	e was authorized by resolution duly ad by the board, or the corporation has be	dopted by its board of directors or by an officer so then notified in writing of the change.
	John Kemp	John Kemp Authorized Represen
_	rept the appointment as registered age ree to comply with the provisions of al and I am familiar with and accept the being filed merely to reflect a change has been notified in writing of this ch	Printed or typed name and title ent and agree to act in this capacity. Il statutes relative to the proper and complete performance se obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the sange.
1/44	Thus loot	2/25/2021
TOU	NUMBER OF RECOVERING A PERIL	Dete
(signing or	Signature of Registered Agent n behavis of an entity:	
	_ ' ' ' '	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)