F1900005390

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| J. HORNE |
| J. HORNE AUG - 4 2023 |
| |
| |

Office Use Only



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06/14/23--01013--017 **35.00



COVER LETTER

| TO: | Amendment Section Division of Corporations | | | | | | | |
|---|---|---|--|--|--|--|--|--|
| | | | | | | | | |
| SHRI | ECT: SKYLUM SOFTWARE USA, INC. | | | | | | | |
| Name | of Corporation | | | | | | | |
| DOCI | JMENT NUMBER: F19000005390 | | | | | | | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. | | | | | | | | |
| | The enclosed Statement of Change of Registered Office/Agent and fee are stioninted for fitting. | | | | | | | |
| Please | return all correspondence concerning this | s matter to the following: | | | | | | |
| Dmitri | Dubograev | | | | | | | |
| Name | of Contact Person | _ | | | | | | |
| SKYLU | JM SOFTWARE USA, INC. | | | | | | | |
| Firm/C | Company | | | | | | | |
| 66 Car | nal Center Plaza, STE 505 | | | | | | | |
| Addre | SS | | | | | | | |
| Alexan | ndria, VA 22314 | | | | | | | |
| City/S | tate and Zip Code | | | | | | | |
| | assistant@femida.us | | | | | | | |
| E-mai | il address: (to be used for future annua | l report notification) | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| For Iu | rther information concerning this matter. | please call: | | | | | | |
| Dmitri | Dubograev | at (7037) 399111 | | | | | | |
| - | Name of Contact Person | at (7037) 399111 Area Code & Daytime Telephone Number | | | | | | |
| Enclos | sed is a \$35.00 check made payable to the | Department of State. | | | | | | |
| | | | | | | | | |
| | Mailing Address: Amendment Section | Street Address: | | | | | | |
| | | Amendment Section Division of Corporations | | | | | | |
| | Division of Corporations P.O. Box 6327 | The Centre of Tallahassee | | | | | | |
| | Tallahassee, FL 32314 | 2415 N. Monroe Street, Suite 810 | | | | | | |
| rananassee, rtz 52514 | | Tallahassee, FL 32303 | | | | | | |

CR2E045 (04/13)

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

| statement of cha | provisions of sections 607.0502, 617.0502, 60 nge is submitted for a corporation organized r to change its registered office or registered | under the laws of the S | itate of Flo | orida | us ——— | _ |
|---|---|---|---------------------|--------------|-------------------------------|-------------------|
| 1. The name of t | he corporation: SKYLUM SOFTWARE USA, IN | NC. | | | | _ |
| | office address: 112 North Curry street, Carson | | | | | |
| 3. The mailing a | ddress (if different): 1401 21st ST, STE 5342, | Sacramento, CA 95811 | | | | _ |
| | poration/qualification: 12/05/2019 | _ Document number: _1 | F19000005 | 390 | | |
| 5. The name and | street address of the current registered agent tment of State: (If resigned, enter resigned) | and registered office o | n file with | the | | |
| | Corporation Service Company | | | | | |
| | 1201 Hays St, Tallahassee, FL 32301 | | | | | |
| | - | | | 正兴 | 23 | |
| 6. The name and street address of the new registered agent (if changed) and /or registered official (if changed): | | | | AMASSEE | 23 JUN 14 | FILE |
| | Registered Agents Inc | | | | Ħ | \equiv |
| | 7901 4th St N STE 300 | | | | 2r 33 | |
| | P.O. Box. NO. St. Petersburg FL 33702 | T acceptable | | ≱ .⊓. | ယ | |
| The street addre | ss of its registered office and the street addibe identical. | ress of the business off | ice of its r | registere | ed age | nt. |
| Such change was authorized by the | s authorized by resolution duly adopted by e board, or the corporation has been notifie | its board of directors of d in writing of the cha | or by an of nge. | Ticer so | • | |
| Ivale Enfancie | | an Kutanin | | | | _ |
| I hereby accept I further agree to of my duties, and document is bei | e of an officer or director the appointment as registered agent and ag o comply with the provisions of all statutes of a familiar with and accept the obligati ng filed merely to reflect a change in the reg- been notified in writing of this change. | Printed of types in gree to act in this capac relative to the proper ion of my position as re gistered office address | citu | | forma Or, if t 1 that t | nce his the |
| David Reserve | 6/ | /9/2023 | | | | |
| U - | nature of Registered Agent | Date | | | | - |
| If signing on be | half of an entity: | | | | | |
| David Roberts | | | | | | |
| 3 | ped or Printed Name | | | | | |
| | * * * FILING FEE: S | \$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)