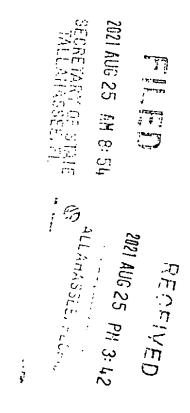
F1900005681

(Requestor's Name)				
(Address)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				





900371421729



CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 969085 8 7842511 AUTHORIZATION : COST LIMIT : \$35.00					
ORDER DATE : August 19, 2021					
ORDER TIME : 2:36 PM					
ORDER NO. : 969085~075					
CUSTOMER NO: 7842511					
CHANGE OF AGENT NAME: ROADNET TECHNOLOGIES, INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland					
EXAMINER'S INITIALS.					

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

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508. Florida Statut corganized under the laws of the State of DE registered agent, or both, in the State of Florid		
1. The name of	the corporation: ROADNET TECHI	NOLOGIES, INC.		
	office address: 717 N. Harwood S			
3. The mailing	address (if different):			
4. Date of incor	poration/qualification: 12/23/2019	Document number: F1900000568	31	
5. The name an		tered agent and registered office on file with the		
	UNITED AGENT GROUP INC.	cr.	. 2	
	801 US HIGHWAY 1	TAC	2021 AUG 25	
	NORTH PALM BEACH, FL 334	08 ≥≶	- 	(indi
6. The name and street address of the new registere (if changed):		ed agent (if changed) and /or registered of fice and in control of the control of		2 \$
	Corporation Service Company		45	
	1201 Hays Street			
		P.O. Box NO Facceptable		
	Tallahassee	FL 32301		
The street addr as changed will	ess of its registered office and the be identical.	street address of the business office of its regi	istered ag	gent,
Such change wauthorized by t	^	dopted by its board of directors or by an office een notified in writing of the change.	er so	
	Sin & Cani	Jill Cilmi, Vice President		
Signature of an officer or director		Printed or typed name and title		_
I further agree of my duties, ar document is be corporation ha	to comply with the provisions of a	ent and agree to act in this capacity, all statutes relative to the proper and complete the obligation of my position as registered age, e in the registered office address, I hereby con hange.	perform nt. Or. ij ifirm tha	ance f this t the
<u>Ву: </u>	pulture of Registered Agent	08/25/2021		
Sig	pature of Registered Agent	Date		
If signing on be	chalf of an entity:			
	Asst. Vice President			
.I.	yped or Printed Name			
	* * * FILIN	NG 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)