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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:___

REGISTERED AGENT CHANGE PERISCOPE INTERMEDIATE CORP.

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COVER LETTER

TO:

Amendment Section Division of Corporations

15129570210

SUBJECT: PERISCOPE INTE	RMEDIATE CORP.			
Name of Corporation	336			
DOCUMENT NUMBER: FZUUUUUU I				
The enclosed Statement of Change of Registered O	ffice/Agent and fee are submitted for filing.			
Please return all correspondence concerning this m	atter to the following:			
Mary Castillo				
Name of Contact Person				
Registered Agent Solutions, Inc.				
Firm/Company				
Corporate Center One, 5301 Southwest Pkwy, Ste 400				
Address	~			
Austin, Texas 78735	022			
City/State and Zip Code				
E-mail address: (to be used for future annual re	eport notification) ase call:			
For further information concerning this matter, plea	ase call:			
Mary Castillo	at (888) 705-7274 Area Code & Daytime Telephone Number			
Name of Contact Person	Area Code & Daytime Telephone Number			
Enclosed is a \$35.00 check made payable to the De	epartment of State.			
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

CR2E045 (04/13)

15129570210

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

•	provisions of sections 607.0502, 61 inge is submitted for a corporation				
	nge is submitted for a corporation r to change its registered office or				
1. The name of t	the corporation: PERISCOPE	INTER	MEDIATE	CORP.	
	office address: 5000 PLAZA				
	TX 78746				
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 3/11/202	20	_ Document	number: F200	00001336
	I street address of the current regist tment of State: (If resigned, enter r		and register	ed office on file	with the
	C T CORPORATION	NSYS	TEM		20 S
	1200 S PINE ISLAND RD				22 HJ
	PLANTATION		FL	33324	2022 MAY 17 SHERE HAS
6. The name and (if changed):	street address of the new registere Registered Agent Sol	_	-	d /or registered o	
	155 Office Plaza Dr.	<u></u>	Suite A		<u> </u>
	Tallahassee	P.O. Box NO FL	Гассерtable 323 0	1	
The street addre	ess of its registered office and the be identical.	street add	ress of the bu	usiness office of	its registered agent,
Such change wa authorized by th	as authorized by resolution duly a ne board, or the corporation has be	dopted by een notifie	its board of d in writing	directors or by a of the change.	an officer so
1st Nicolas	Vanasse	Nic	colas Van	asse	Secretary
I hereby accept I further agree t of my duties, an document is bei	e of an officer of director the appointment as registered agi to comply with the provisions of a d I am familiar with and accept th ng filed merely to reflect a chang i been notified in writing of this ci	ll statutes he obligati e in the re	ree to act in	ted or typed name and this capacity, he proper and co sition as register re address, I her	
Hode	ranzio dit	0	5/17/202		
Sig	nature of Registered Agent	_		Date	
If signing on be	half of an entity:				
	Assistant Secretary yped or Printed Name				
''	* * * FILIN	G 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)