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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

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REGISTERED AGENT CHANGE **DEFENSE.COM CYBER, INC.**

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By:

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

statement of ch	ange is submitted for a corporation o	0502, 607.1508, or 617.1508, Florida rganized under the laws of the State $rac{1}{2}$ istered agent, or both, in the State of Fl)¢laware		
1. The name of	the corporation: DEFENSE.COM CYB	ER. INC.			
2. The principal	office address: 3505 LAKE LYNDA D	R STE 200, ORLANDO, FL 32817			
3. The mailing a	address (if different):		 		
		Document number: F2000000.			
5. The name and		d agent and registered office on file wit	h the		
	CORPORATE CREATIONS NETWO	RK	2022 S		
	801 US HWY 1		SEP 21		
	N PALM BEACH, FL 33408		· 8 .		
6. The name and street address of the new registered agent (if changed) and/or registered office (if changed):					
	C T Corporation System				
	1200 South Pine Island Road				
	P.O. Plantation, Florida 33324	Box NOT acceptable	_		
The street address changed will	ess of its registered office and the stre l be identical.	eet address of the business office of its	registered agent,		
Such change w authorized by t	as authorized by resolution duly adop he board, or the corporation has been	eted by its board of directors or by an contified in writing of the change.	officer so		
Si		Gary Greasby, Chief Financia	al Officer		
Signati	ure of an officer or director	Printed or typed name and tit			
I further agree of my duties, an document is be	ing filed merely to reflect a change it is been notified in writing of this chan	tatutes relative to the proper and com obligation of my position as registered the registered office address. I herel	plete performance d agent. Or, if this by confirm that the		
	n, Assistant Secretary	09/28/2022			
Sig	gnature of Registered Agent	Date			
If signing on be	ehalf of an entity:				
	Assistant Secretary				
	Typed or Printed Name				

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