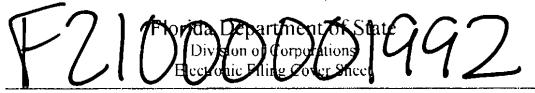
6/25/2021

Division of Corporations



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To: Division of Corporations

Fax Number : (850)617-6380

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (954)208-0845 Fax Number

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 CORERO NETWORK SECURITY, INC.

Certificate of Status	0
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Estimated Charge	\$43.75

JUN 2 8 2021

S. PRATHER

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Corporate Filing Menu

Help

FOR CORPOR	RATIONS	Ð OFFICE OR REGISTEREÐ AGENT OR I		·	
statement of chan	ge is submitted for a corporation or;	0502, 607,1508, or 617,1508, Florida Statutes, thi ganized under the laws of the State of <mark>DE</mark> gistered agent, or both, in the State of Florida.	is		
1. The name of th	e corporation: CORERO NETWORK	K SECURITY, INC.			
2. The principal o	ffice address: 293 BOSTON POST R	D. W. STE. 310 MARLBOROUGH, MA 01752	· · · · · · · · · · · · · · · · · · ·		
	dress (if different):				
4. Date of incorpo	pration/qualification: 1/21/1997	Document number: F21000001992			
	street address of the current registere nent of State: (If resigned, enter resi	ed agent and registered office on tile with the gned)		• •	
9	GLOBAL VIRTUAL AGENT SERVI	CES, INC.			
:	5702 TANAGERLAKE RD. LITHIA,	F1, 33547	⋝ _{6.}	2	
•			2.2	Ø21 .	
6. The name and : (if changed):	street address of the new registered a	agent (if changed) and /or registered office	ASSET	JUN 25	
_	C T Corporation System	<u> </u>	∵' <u>⊆</u> -n	ΗÀ	-
	1200 South Pine Island Road		(S) /		
-	Plantation, Florida 33324	Box NOT acceptable	<u> </u>	37	
-					
The street address as changed will b	s of its registered office and the stroe identical.	eet address of the business office of its registered	d agent.		
Such change was authorized by he	authorized by resolution duly adoption or the corporation has been	pted by its board of directors or by an officer so inotified in writing of the change.			
09	udlai	Duncan Swallow - SECRETARY			
	of an officer of director. The corresponding and the resolutions of country of the control of the country of t	Printed of typed faint and title			
of my duties, and document is hein corporation has i C T Corporation 5	system	t and agree to act in this capacity, statutes relative to the proper and complete perfe obligation of my position as registered agent. On it the registered office address, I hereby confirm age.	ormance or, if this that the		
	CHRISTICAL CONTRACTOR	6/20/2021			
•	nam of Registered Agent	Date			
If signing on beh	all of an entity:	•		•	

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

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

By:

Typed or Printed Name .