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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : URS AGENTS LLC Account Number : T20150000127 : (800)367-4397

Fax Number : (800)567-4398

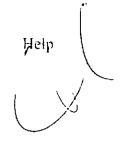
**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

DGassett@urscompliance.com Email Address:

REGISTERED AGENT CHANGE TN SOLUTIONS FLORIDA, INC.

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

| | • | 02, 607.1508, or 617.1508, Florida Statutes, t nized under the laws of the State of <u>DELAWA</u> | | |
|--|--|--|--|--|
| in orde | r to change its registered office or regis | tered agent, or both, in the State of Florida. | | |
| 1. The name of | the corporation: TN SOLUTIONS, INC. | | | |
| 2. The principal office address: 901 E Springfield Road, High Point, NC 27263 | | | | |
| 3. The mailing a | iddress (if different): | | | |
| | | Document number: F23000001408 | | |
| | d street address of the current registered trment of State: (If resigned, enter resign | agent and registered office on file with the ed) | | |
| | CORPORATION SERVICE COMPANY | , | | |
| | 1201 HAYS STREET | | 2024 F.F.D 1 | |
| | TALLAHASSEE, FL 32301 | | 3 | |
| 6. The name and (if changed): | I street address of the new registered ago | ent (if changed) and /or registered office | | |
| | URS AGENTS, LLC | | Ö | |
| | 3458 LAKESHORE DRIVE | | . 61 | |
| | | ox NOT seconable | | |
| | TALLAHASSEE, FL 32312 | | | |
| The street address changed will | ess of its registered office and the stree be identical. | t address of the business office of its register | red agent, | |
| Such change was authorized by th | as authorized by resolution duly adopted board, or the corporation has been n | ed by its board of directors or by an officer so otified in writing of the change. | 0 | |
| michil | al Conthon. | Michael Cauthen, CFO | | |
| Signatu | re of an onice of difector | Printed or typed name and title | | |
| I hereby accept I further agree of my duties, an document is bei corporation has | the appointment as registered agent a to comply with the provisions of all sta id I am familiar with and accept the ob ing filed merely to reflect a change in t s been notified in writing of this change | nd agree to act in this capacity, tutes relative to the proper and complete pe ligation of my position as registered agent, he registered office address, I hereby confir e. | rformance Or, if this n that the | |
| Kil | 1. Saldana | 02/01/2024 | | |
| Sig | nature of Registered Agent | Date | | |
| If signing on be | half of an entity: | | | |
| Kelli Saldana, As | ssistant Secretary | | | |
| T | yped or Printed Name | TV. ele en + + + | | |