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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (614)573-3996

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

Emall.	Address:			

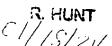
<u>~</u>

## REGISTERED AGENT CHANGE TMT LYONS TECHNOLOGY CENTER, INC.

Certificate of Status	Ú	
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporation of	0502, 607.1508, or 617.1508, Florida Statutes, this ganized under the laws of the State of gistered agent, or both, in the State of Florida.
1. The name of t	TAIT Lyong T	Technology Center, Inc
	,	Center SAN FRANCISCO, CA 94111
3. The mailing a	ddress (if different):	
4. Date of incorp	oration/qualitication:09/12/202	23 Document number: F2300005211
	street address of the current registers tment of State: (If resigned, enter resigned CORPORATION SERVICE)	
	1201 HAYS STREET TALL	AHASSEE. FL 32301-2525
6. The name and (if changed):	street address of the new registered a	agent (if changed) and for registered office
	C T Corporation System	
	1200 South Pine Island Road	
	Plumation, Florida 33324	Box NO Careeptable
The street addre	ss of its registered office and the str be identical.	eet address of the business office of its registered agent,
Such change wa authorized by th	s authorized by resolution duly adop e board, or the corporation has been	pted by its board of directors or by an officer so notified in writing of the change.
	n Charles 1/17/2023	Austin Charles. Authorized Person
I herchy accept. I further agree to of my duties, and document is bein	d Lani familiar with and accept the c ry filed merely to reflect a change it been notified in writing of this chan	statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the tye.
Sign	lature of Registered Agent	1/17/2023
If signing on bel	nalf of an entity:	
	ellwig, Assistant Secretary	
Гу	ped or Printed Name	CDD - C15 00 A & A

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E645 (0443)

By: