## F99000000706

(Re	equestor's Name)	
(Ác	ddress)	
(Ac	ddress)	
(Cr	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

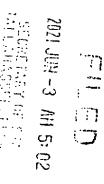
Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Rachel Pietropolo rachael.pietropolo@cscglobal.com

Date: June 1, 2021

Order#: 834287-012

Re: MATRIX RESOURCES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 $\underline{XX}$  Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Rachel Pietropolo

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	ange is submitted for a corpora	12, 617.0502, 607.1508, or 617.1508, Florida Sation organized under the laws of the State of $\_$ re or registered agent, or both, in the State of $F$	GA		
1. The name of	the corporation: MATRIX RES	OURCES, INC.			
2. The principal	office address: 400 Perimeter	Center Terrace Suite 300 Atlanta, GA 30346			
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 02/05/	1999 Document number: F990000	000706		
5. The name an		registered agent and registered office on file wit			
	C T CORPORATION SYST	ЕМ			
	1200 SOUTH PINE ISLAND ROAD				
	PLANTATION	FL 33324			
6. The name and (if changed):		istered agent (if changed) and /or registered offi			
	Corporation Service Compa	nny	221		
	1201 Hays Street		2021 JUN *ATCESTO		
	~	P.O. Box NOT acceptable	- E		
	Tallahassee	FL 32301			
The street address changed will	ess of its registered office and l be identical.	the street address of the business office of its	registered agent.		
Such change wanthonized by the	as authorized by resolution du he board, or the corporation ha	aly adopted by its board of directors or by an cas been notified in writing of the change.	officer so		
_ \\	LE Clenie	Jill Cilmi	Vice President		
/ F	ire of an officer or director	Printed or typed name and title	e		
I further agree of my duties, ar document is bel corporation ha	to comply with the provisions ad I am familiar with and acce	d agent and agree to act in this capacity, of all statutes relative to the proper and compent the obligation of my position as registered ange in the registered office address, I hereby is change.	plete performance agent. Or, if this v confirm that the		
By: Ilo	re Cokuble	06/01/2021			
Sig	mature of Registered Agent	Date			
If signing on be	chalf of an entity:				
Grace E. Kirby,	Asst. Vice President				
Т	yped or Printed Name				

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