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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Ad	dress:		
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REGISTERED AGENT CHANGE TELAMON TECHNOLOGIES CORP.

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S. YOUNG

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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: TELAMON TECHNOLOGIES CORP.

Name of Corporation

DOCUMENT NUMBER: F99000001481

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mary Castillo

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary Castillo

,888 \705-7274

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

15129570210

H18000285918 3 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

•	ovisions of sections 607.0 to is submitted for a corpo	•					
	o change its registered of	• •	-				
1. The name of the	corporation: TELAN	MON TEC	HNOLOGIES	CORP.			
2. The principal of	Tice address: 1000 E	EAST 116	TH STREET				
CARMEL			46032				
3. The mailing add	lress (if different):		 				
4. Date of incorpor	ration/qualification: 03	/18/1999	Document number	F99000	00148	1	
	treet address of the currer tent of State: (If resigned,		-	ce on file with the	2		
<u>(</u>	CT CORPORA	TION SY	STEM				
<u>1</u>	200 SOUTH P	INE ISLA	ND RD				
<u> </u>	PLANTATION, I	FL 33324				•	
6. The name and st (if changed):	treet address of the new r	egistered agent	(if changed) and /or r	egistered office	ALLAHASSE	PC 1	T =
<u>F</u>	Registered Agent S	Solutions, Ir	1c.		SSE	-2	H
1	55 Office Plaza De	r., Suite A			Ţ1,	-	
Laborate Control of the Control of t		P.O. Box NOT a	cceptable		` 97.	ي	
<u> </u>	aliahassee, FL 32	301			통점	22	
The street address as changed will be	of its registered office a	and the street a	ddress of the business	office of its regi	stered ager	st,	
Such change was authorized by the	authorized by resolution board, or the corporation	duly adopted l has been noti	by its board of directo fied in writing of the	rs or by an office change.	r so		
Signature	rener		Robert Ashbi	urner Tr	easurer		
I hereby accept the I further agree to performance of magent. Or, if this control is the second of t	e appointment as registe comply with the provisio y duties, and I am famili document is being filed n at the corporation has be	ons of all statut ar with and acc nerely to reflec	agree to act in this co es relative to the prop cept the obligation of it a change in the regi	apacity. per and complete my position as re istered office add	egistered –		
	y C		09/21/2018				
If signing on beh	of Registered Agent F of an entity:		n T	Palc			
	II - Assistant Secr	etary					
Гурс	d or Printed Name	FILING FEE	· \$35 00 * * *				
			· GUUINU				