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(Requestor's Name)				
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(C) (O) (C) (D) (C) (D)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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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: Ashley Jiminez ashley.jiminez@cscglobal.com

Date: November 6, 2018

Order#: 473111/005

Re: INFOXEME TECHNOLOGIES LLC

Enclosed please find:

Charle in the amount of COS 00

XX Check in the amount of \$25.00.

Please take the following action:

XX\_\_\_ File in your office on a routine basis.

X \_\_\_ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Ashley Jiminez c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

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

INCA.XCOA

## . STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

	ime of the limited liability company: INFOXEME TEC		
2. (a)	20106 NOB OAK AVE.  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (h)	(Note: MAY BE POST OFFICE BOX)
	TAMPA, FL 33647	_	Herndon, VA 20171
	10/26/2015	_	L15000181345
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.		
	Registered Agent and Registered Office shown on the records of th	e Florida	a Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET AL	D <u>DRESS)</u>	<u>sy</u>
	13302 WINDING OAK COURT, SUITE A		
		33612	<u>2</u> > <b>3</b>
(b)	Corporation Service Company Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ldress:
	1201 Hays Street		
	NEW Registered Office Address:		
	Tallahassee , FL	32301	<u> </u>
the cha agent v was/we	imited liability company is not organized under the lawsinge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	he regist vility cor the limi	stered office and the business office of the registere ompany, it is hereby contirmed that the change(s) nited liability company or as otherwise provided in
/s/ :	Sireesha Kalahasti	Siree	eesha Kalahasti, Manager
Signat	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I he I powriting of this change.	e to act overforma for in Correby con	t in this capacity. I further agree to comply with the cance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file confirm that the limited liability company has been
<u>ب</u>	re of Registered Agent Corporation Service Company	D C	race E. Kirby, Asst. Vice President

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00