Florida Department of State Division of Corporation

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: REGISTERED AGENTS INC.

Account Number: I20090000081 : (307)200-2803

Fax Number

: (855)330-1010

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

Email Address: EASTERN@REGISTEREDAGENTSINC.COM

LLC REGISTERED AGENT CHANGE KINARD TECHNOLOGIES LLC

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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

(a)		(b)			
Principal office address of limited (Note: MUST BE STREE		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
201 Lafayette Blvd	,	201 Lafayette Blvd			
Oldsmar FL 34677		Oldsmar FL 34677			
02/11/2020		L200	000048838		
Date of filing/registration	n in Florida 4		Document num	ber	
(a) AEGIS LAW					
Registered Agent and Registered Office s	shown on the records of the F	orida Dept. of	State:		
1550 W Cleveland St					
Registered Office Address (MUST BI	E FLORIDA STREET ADD.	(ESS)		2022 DEC	
TAMPA	, FL 33	606		DEC -1	
(b) Northwest Registe	red Agent LL			I PM 3:55 RY OF STATE HASSEE, FL	Ţſ
Enter name of NEW Registered Agent a	and/or NEW Registered Offi	ce address:	<u></u>	. က ယု	
				FATE FL	
7901 4th St N					
7901 4th St N NEW Registered Office Address:					

d was/were authorized by an affirmative vote of the members of the l the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized depresentative of a member Dane Pigott Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been neglical in writing of this change.

Tom Glover - Assistant Secretary

Signature of Registered Agent