12/13/22, 11 38 AM

Division of Corporations

Flogida Department of State

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To:

Division of Corporations

Fax Humber : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 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.

| Email | Address: | | |
|-------|----------|--|--|

LLC REGISTERED AGENT CHANGE PAE APPLIED TECHNOLOGIES LLC

| Certificate of Status | 0 |
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DEC 1 4 2022

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Help

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.

| I. Na | me of the limited liability company: | ogies LLC | |
|--------------------------------|--|---|--|
| | | (b) _ | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX) |
| | Suite 400 | Suite 400 | |
| | FORT WORTH, TX 76116 | ORTH, TX 76116 | |
| | 2/27/2001 | M0100000 | 0431 ———————————————————————————————————— |
| 3. | Date of filing/registration in Florida 4 | 4. | Document number |
| 5. (a) | Corporation Service Company | | υ: 2 |
| | Registered Agent and Registered Office shown on the records of the F | lorida Dept. of Sta | FIL 2022 DEC 13 SECOLARA |
| | Registered Office Address (MUST BE FLORIDA STREET ADD | \circ | |
| | TALLAHASSEE ,FL 323 | 01 | PH 2: I |
| (b) | C T Corporation System | | 12 L |
| | Enter name of NEW Registered Agent and/or NEW Registered Offic | ce uddress: | _ |
| | NEW Registered Office Address: 1200 South Pine Island Road | | |
| | 1200 Soun Chic Island Road | | _ |
| | Plantation FL 333 | 24 | _ |
| the cha agent w was/we | mited liability company is not organized under the laws of nge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabili- are authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limi | registered offic ty company, it i e limited liabili | e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in |
| رور کی ا | 84. T | JOE DAVIS, M | C |
| Rignat | ure of a member or authorized representative of a member | | Printed or typed name of signee |
| provisi the obli to mçre | by accept the appointment as registered agent and agree to ons of all statules relative to the proper and complete perfications of my position as registered agent as provided for the reflect a change in the registered office address. I here it in writing of this change. Afred Younan | formance of my r in Chapter 60, by confirm that | acity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been |
| Signatur | Assistant Secreta | | |
| | Division of Corporations P.O. Box | , | senn El 37314 |
| | Division of Cordorations♥ P.O. BoX (| 0.54/# IMHMANM | SSUE, E.L. 34314 |