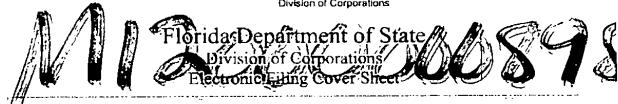
3/4/2019

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

والمراب والمامي لواقا مرشوا بالنواء فالريامة فالمدين والمستوان والمتعادية والمتعدد أدانا فالمتعادية والمستوارة والمام

Account Number : FCA000000023 Phone : (514)280-3338 Fax Number : (954)208-0845

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LLC REGISTERED AGENT CHANGE **OGSYSTEMS, LLC**

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Q SIMMONE MAR 05 2019

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH! LIMITED LIABILITY COMPANY

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

. Na	one of the limited liability company: OGSYSTEMS,	LLC			
(a)		!	(b)		
(ur	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	14291 PARK MEADOW DRIVE SUITE 100		14291 PAF	RK MEADOW DRIVE SUITE 100	
	CHANTILLY, VA 20151	_	CHANTILLY, VA 20151		
	02/14/2012		M12000000	898	
3 .	Date of filing/registration in Florida	4.		Document number	
5. (a)				_	
(,	Registered Agent and Registered Office shown on the records o CORPORATION SERVICE COMPANY	t the Flor	ida Dept. of State		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	SS)	-	
	1201 HAYS STREET	.			
	TALLAHASSEE	3230	1-2525	15.25 19	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·-		三 五	
(b)	Enter name of NEW Registered Agent and/or NEW Registere				
	Enter name of NEW Registered Agent and/or NEW Registere	d Office:	address:	TILED	
	C T Corporation System			HAR -4 MI 10: 24 CRETARY OF STATE CRETARY OF STATE LANGASSEE, FLORIDA	
	NEW Registered Office Address:			ROLL 2	
	1200 South Pine Island Road			_ 	
	Plantation	L_33324	1		
		L	<u> </u>	-	
the cha agent v	imited liability company is not organized under the lange or changes are made, the Florida street address call be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the re iability of the l	gistered office company, it i imited liabilit	e and the business office of the reg s hereby confirmed that the change y company or as otherwise provide	
THE	hast Platence	M	tichael R. Kolle		
_	ture of a member of authorized representative of a member			Printed or typed name of signee	
I here provis the ob	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, I d'in writing of this change.	e perjoi led för i I hereby	rmance of my in Chapter 60: confirm that	auries, and ram jamitur with ond 5, F.S. Or, if this document is bein the limited liability company has t	
пощие	a management of the state of th				
пощие	orporation System Terrie Bate	s, Assi	stant Secreta	ry .	

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

To: