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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 728856 8198305 AUTHORIZATION COST LIMIT 254.00 ORDER DATE : June 7, 2022 ORDER TIME : 2:16 PM ORDER NO. : 728856-005 CUSTOMER NO: 8198305 CHANGE OF AGENT NAME: COPPER RIVER INFORMATION TECHNOLOGY, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY XX_____PLAIN STAMPED COPY CONTACT PERSON: Alexxis Weiland

EXAMINER'S INITIALS:

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.

1.	Na	me of the limited liability company:	R INFO	R۱	RMATION TECHNOLOGY, LLC	
7 ((a)			(h)	b)	
-, ,	(12)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_
		4501 SINGER CT STE 300			4501 SINGER CT STE 300	
		CHANTILLY, VA 20151	_		CHANTILLY, VA 20151	_
		10/02/2013			M13000006237	
3.		Date of filing/registration in Florida	4.	_	Document number	
5.	(a)					
٥.	(a)	Registered Agent and Registered Office shown on the records of	the Florie	da I	la Dept, of State:	
		Corporation Service Company				
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	55)	<u></u>	
		5575 S. SEMORAN BLVD SUITE 36				
		ORLANDO . FL	32822		SEC TAI	
		,, , ,	' ——			7
((b)				AR HAR	
		Enter name of NEW Registered Agent and/or NEW Registered	Office a	dd	ddress: SSO	
		Corporation Service Company			SECRETARY OF STATE TALLAHASSEE, FL	7
		NEW Registered Office Address:			TE 30	
		1201 Hays Street				
		Tallahassee, FL	32301			
char ager was	nge nt w /we	mited liability company is not organized under the lay or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the	register ability c of the lin	red on nit	red office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in	e
/s/ Sarah MacMaster		Sa	ral	rah MacMaster, Authorized Person	_	
Si	gnat	ure of a member or authorized representative of a member			Printed or typed name of signee	
pro the to n noti	visie obli iere ifieq	ny accept the appointment as registered agent and agrons of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	ee to ac perforn I for in ierehy c	a in Tar Ch Ton	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been	1
_		Kirby, Asst. Vice President on behalf of Corporation Service Con	ipany			

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