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| Certified Copies        | _         | Certificates  | s of Status _ |      |
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| Special Instructions to | Filing C  | Officer:      |               |      |
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O SIMMONS MAR 14 2022 CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Alexxis Weiland

Tallhassee, FL 32301 Phone: 850-558-1500

|         |           | ACCOUNT NO.               | :           | 12000000   | 0195    |  |
|---------|-----------|---------------------------|-------------|------------|---------|--|
|         |           | REFERENCE                 | :           | 535614     | 7954329 |  |
|         |           | AUTHORIZATION             | · · (       | Level & B  |         |  |
|         |           | COST LIMIT                | · :         | \$ 25.00   | ena     |  |
| ORDER ! | DATE :    | March 9, 2022             |             | ·          |         |  |
|         |           | 8:54 AM                   |             |            |         |  |
| ORDER 1 | NO. :     | 535614-068                |             |            |         |  |
| CUSTOM  | ER NO:    | 7954329                   |             |            |         |  |
|         | <b></b> - |                           | <b></b>     |            |         |  |
|         |           | CHANGE OF                 | <u>AGEN</u> | <u>IT</u>  |         |  |
|         |           |                           |             |            |         |  |
|         |           |                           |             |            |         |  |
|         | NAME:     | CLEAR LINK T              | ECHN        | OLOGIES,   | LLC     |  |
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| PLEASE  | RETURN    | THE FOLLOWING A           | S PR        | ROOF OF FI | LING:   |  |
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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.

| ı) <u>.</u>              | 5202 W DOUGLAS CORRIGAN WAY, STE 300  | (h   | 5202 W D  | OUGLAS CORRIGAN WAY, STE 300  |  |
|--------------------------|---|--|---|---|--|
| , .                      | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   |  |   | failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)  |  |
|                          | SALT LAKE CITY, UT 84116  | <del></del>                                  | SALT LAK  | KE CITY, UT 84116   |  |
|                          | 03/28/2016  |  | M16000002                                       | 2914  |  |
|                          | Date of filing/registration in Florida  | 4.   |   | Document number   |  |
| )                        | PARACORP INCORPORATED   |  |   |   |  |
|                          | Registered Agent and Registered Office shown on the records of 155 OFFICE PLAZA DRIVE   | SECOND AS                                    |   |   |  |
|                          | Registered Office Address (MUST BE FLORIDA STREE  | TADDRESS                                     |   | 一   |  |
|                          | 1ST FLOOR   |  |   |   |  |
|                          | TALLAHASSEE I   | 32301  |   | 章 · · · · · · · · · · · · · · · · · · ·   |  |
| )                        |   |  |   | 50<br>50  |  |
|                          | Enter name of NEW Registered Agent and/or NEW Register  | ed Office ad                                 | dress:  | •   |  |
|                          | Corporation Service Company   |  |   |   |  |
|                          | NEW Registered Office Address:  |  |   |   |  |
|                          | 1201 Hays Street  |  |   |   |  |
|                          | Tallahassee F   | 32301_                                       |   |   |  |
| ge<br>I w<br>ve:<br>rtic | mited liability company is not organized under the lor changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members cles of organization or the operating agreement of the | ne registere<br>liability co<br>s of the lim | ed office and<br>mpany, it is<br>ited liability | the business office of the registered<br>hereby confirmed that the change(s)<br>company or as otherwise provided in |  |
|                          | ure of a member or authorized representative of a member  | Jill (                                       | Cilmi, Author                                   | rized Person  |  |
|                          | \\ \( \( \) = \( \) \( \)   |  |   |   |  |

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 notified in writing of this change.

Drace to Kubl Signature of Registered Agent