

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. Name of the limited liability company: <u>GLOBAL TECHNOLOGY ASSOCIATES OF VIRGINIA, LLC</u>

2.	(a)		_ (o)				
	• /	Principal office address of limited hability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Ν	Mailing address of limited liability company: (<u>Note: MAYBE POST OFFICE BOX</u>)			
		1890 Preston White Drive, Suite 150,	_	1890 Presto	on White Drive, Suite 1	50.		
		Reston, VA 20191		Reston, VA	. 20191			
		07/61/2016		M160000053	34			
3.		Date of filing/registration in Florida	-4.		Document number			
5.	(a)							
	()	Registered Agent and Registered Office shown on the records of t INCORP SERVICES, INC.	he Floric	a Dept. of State				
		Registered Office Address (MUST BE FLORIDA STREET a	DDRES	<u>5)</u>				
		17886 67TH COURT NORTH				· • .	20	
		LONAHATCHEE,, FL	33470			2021 HAR	1 1 1	
	(bu	CT Corporation System				THE CASE IN AD	R - 9	- !
	(-,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	<u>ldress</u> :		<u>j</u> e	יד	F.C.
						- 25- - 25-	PH 12:	
		NEW Registered Office Address				J.	52	
		1200 South Pine Island Road						
		Plantation, FL	33324					
th ay w	ie cha gent v a\$?W) ie arti	inited liability company is not organized under the lav inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lic ere authorized by an affirmative vote of the members o icless of organization or the operating agreement of the	the reg ibility of if the lin limited	istered office company, it is nited liability liability com	and the business off hereby confirmed the company or as othe ipany.	face of th nat the cl	e registi mnge(s)	ered I
				nder Kurz- M				
	77	the of a member or authorized representative of a member Printed or typed name of signee by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the						
- pi - tk - to	rovis. ne ohi o mero	ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, 11	ce to a perfori d for in hereby (et in this capa nance of my a Chaptèr 605 confirm that t	active 1 further agree luties, and 1 am fami , F.S. Or, if this doct the limited liability co	tiar with liar with ument is ompany	and ac being f has bee	ne cept iled n
n By	опре С	C T Corporation System James M. C T Corporation System James M. Assistant S	. Halpin					
.,	- -	Division of Corporations• P.O. I	3ox 630	7• Tallahas	see, IFL 32314			
		maision or Corporations - 1.0.1						

FILING FEE: \$25.00

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