

(shown below) on the top and bottom of all pages of the document.

(((H22000087295 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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 INTERACTIVE PROCESS TECHNOLOGY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

K SALY

MAR - 9 2022

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.

7 1(2) 114		n		TECHNOLOGY II.C	
1. Na	ame of the limited liability company: INTERACTI	VE P	ROCESS	S TECHNOLOGY, LLC	
2. (a)	1500 District Ave	(b) 1500 D	istrict Ave	
_, (-,)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	_
	Burlington MA 01803	-	Burlingto	on MA 01803	_
	08/08/16		M1600	0006300	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	C T CORPORATION SYSTEM				
J. (u)	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of State	- Y	
	1200 SOUTH PINE ISLAND ROAD				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>S)</u>	-	
	PLANTATION .FL	3332	4	CALL AND	-Y
(b)	Northwest Registered Agent L	LC		HAR -8	F
(1))	Enter name of NEW Registered Agent and/or NEW Registered C	Office ac	ldress:		-
	7901 4th St N Ste 300			FH 5: 09	Ţ
	NEW Registered Office Address:			10)· 35	
	St. Petersburg .FL	3370	2	- -	
the cha agent was/wa	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regi bility c f the lir	istered office ompany, it is nited liabilit	c and the business office of the registere s hereby confirmed that the change(s) y company or as otherwise provided in	d
	organ Ooth	М	organ No	ble	
	ture (Ca member or authorized representative of a member			Printed or typed name of signee	.,
provisi the obi to mer	by accept the appointment as registered agent and agra ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	perforn I for in	iance of my Chapter 605	duties, and Lam familiar with and acce 5, F.SOr, if this document is being file	27

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

- Assistant Secretary

Signature of Registered