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A SHIRLS



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: October 29, 2019

Order#: 024767-056

Re: EN POINTE IT SOLUTIONS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive

Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

* 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: EN POINTE IT S	OLUTIC	NS, LLC				
2.	(a) .	2121 Rosecrans Avenue, #4310 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		El Segundo, CA 90245	- -					
		10/03/2016	_	M1600000	07953			
3.		Date of filing/registration in Florida	4_		Document number			
5.	(a)	C T Corporation System						
٠.	(4)	Registered Agent and Registered Office shown on the records of th	ne Florida	Dept. of State	- <u>!</u>			
		1200 South Pine Island						
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)	<u> </u>	-			
				.	-			
		Plantation , FL_	33324		-			
					<u>Ã</u> ;	20		
	(b)	Corporation Service Company			는]6[
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office add	<u>lress</u> :	H.E.	130 610Z	-17	
					AY OF STA SSEC. FLORI	<u>.</u>	<u></u>	
		1201 Hays Street			اکي -	21.	111	
		NEW Registered Office Address:			رن پير در	<u>.</u>		
						ų, —)	
					E. C.	00		
		Tallahassee, FL_	32301		_			
the ag	e cha ent w as/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of class of organization or the operating agreement of the l	the regis bility co f the lim imited li	tered office mpany, it is ited liability iability con	e and the business offices s hereby confirmed that y company or as otherw	e of the the ch	registered ange(s)	
_	Signat	up of amember or authorized representative of a member			Printed or typed name of si	gnee		
pr th to no	ovisi e obl mere tified	re of Registered Agent Corporation Service Company	performe I for in C ereby co	ince of my o Thapter 605 Infirm that	acity. I further agree to duties, and I am familio F.S. Or, if this document the limited liability consper, Asst. Vice President	ir with nent is i npany l	ly with the and accept being filed as been	
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