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Office Use Only



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Wednesday May 11, 2022

Change of Agent VCore Technology Partners

Order: 1644320

Hello Anissa

I received the attached erroneously filing evidence. Since the filing seems somewhat reflected online. I see the filing date/correct agent(Cogency), but the filing image isn't available and I did not receive back filing evidence. Can I get a new filing acknowledgment letter and this be pushed online. Thank you!

Jennifer Bialowas Client Service Specialist jbialowas@cogencyglobal.com Phone: 866.625.0838 Ext. 5655

Direct: 518.213.0733



115 N CALHOUN ST., STE. 4 [ALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839

COCENCYGLOBAL.COM

INFO@COGENCYGLOBAL.COM

. ROM 044 6607

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.

| , marki | VCORE | TECHNOLOGY | PARTNERS LLC |
|---|---|--|--|
| I. N | ame of the limited liability company: VCORE | TECHNOLOGY | T ARTIVERO, ELO |
| 2. (a) | Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | No Change | No (| Change |
| | May 16, 2018 | | M18000004705 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a | , CORPORATION SERVICE COMPANY | | |
| | Registered Agent and Registered Office shown on the reco | rds of the Florida Dept. e | f State; |
| | 1201 HAYS STREET | | |
| | Registered Office Address (MUST BE FLORIDA STR | REET (DDRESS) | |
| | TALLAHASSEE | . Fl. 32301 | |
| (h) | COGENCY GLOBAL INC. | | 22 MA |
| | Unter name of NEW Registered Agent and/or NEW Regi | stered Office address: | Outrie Sin La |
| | 115 North Calhoun St., Suite 4 | | 2022 MAY I I AM IO: TALLAMASSEE, FI |
| | NEW Registered Office Address: | | · <u>-</u> - 5 |
| | Tallahassee | FL 32301 | _ |
| the ch agent was/w | limited liability company is not organized under thange or changes are made, the Florida street addressed to identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membricles of organization or the operating agreement of | ess of the registered of ted liability company bers of the limited lic of the limited liability | office and the business office of the registered it is hereby confirmed that the change(s) ability company or as otherwise provided in a company. |
| | ndrew Szafran | Andrew S | |
| • | ature of a member or authorized representative of a member | | Printed or typed name of signee |
| I here provis the ob to mer notific | thy accept the appointment as registered agent an sions of all statutes relative to the proper and com digations of my position as registered agent as pro rely reflect a change in the registered office addre d'in writing of this change. | id agree to act in this pleic performance of ovided for in Chapte sss, I hereby confirm | s capacity. I further agree to comply with the faw dutics, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been |

/s/ Tim Mayville Signature of Registered Agent

Tim Mayville, Assistant Secretary Division of Corporations • P.O. Box 6327 • Tallahassee, Ft. 32314 FILING FEE: \$25.00