12/14/22, 9 53 AM

To:

Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000420206 3)))



| | | Ser Holl dis place |
|---------------------------------|--|--------------------------------------|
| To: | | |
| | of Corporations | المارية المسترية المارية الموارية |
| Fax Num | er : (859)617-6383 | |
| From: | | 410 |
| | Name : C T CORPORATION SYSTEM | ا مناسب |
| | Number : FCA000000023 | |
| Phone | : (954)208-0845 en : (614)573-3995 | • |
| rax wum | er . (314)373-3933 | |
| *Enter the email annual repo | address for this business entity to be of the definition of the land of the definition of the definiti | used for future s please.** |
| Email Addre | s: | |
| | | |
| | C REGISTERED AGENT CHANG | E. |
| | PAE SHARED SERVICES LLC | |

| Certificate of Status | 0 |
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| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$55.00 |

C. BRUMBLEY

DEC 1 4 2022

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Corporate Filing Menu

Help

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.

| L N | ame of the limited hability company: Pac Shared Service | ies LLC | · | | | |
|---|--|--|------------------------------------|---|------------------|--|
| 2. (a) | 700 Leesburg Pike | | 7790 Leesburg Pike | | | |
| | Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS) | | _ | Mailing address of lumited liability comp. (Nate: MAY BE POST OFFICE BO) | | |
| | Suite 300 North | | Suite | 300 North | | |
| | Falls Church, VA 22043 | | Falls | Church, VA 22043 | | |
| | 5/30/2018 | | M1800 | 00005126 | | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | | |
| 5. (a) | Corporation Service Company | | | | | |
| | Registered Agent and Registered Office shown on the records of 1201 Hays Street Registered Office Address (MUST BE FLORIDA STREET) | | | of State | | |
| | TALLAHASSEE | 32301 | | 2022 E | | |
| (b) | C I Corporation System | | | 2022 DEC 14 | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office : | <u>iddress</u> | / A *** | | |
| | NEW Registered Office Address | — ==================================== | | | | |
| | 1200 South Pine Island Road | | | | | |
| | Plantation F1. | 33324 | | | | |
| the cha agent v was we | imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the | the reg ability of the li | gistered c company mited lia | office and the business office of the re y, it is hereby confirmed that the chang ability company or as otherwise provide | gistered w(s) | |
| <u></u> | Dec. 1 | JC | E DAVIS | S. Manager Printed or typed name of signee | | |
| I here provisi the obl to merc | ture of a mamper of authorized representative of a member by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I f I in veriting of this change. | perfor d for in hereby | manee at | s capacity. I further agree to comply w f my duties, and I am benillar with an | I is event | |
| By | Alfred Young | an | | | | |
| Signatu | Assistant Secre | etar | У | | | |
| | District of Community as D.O. I | 2 62 | 17a Tall | Inhugaan (11. 2001) | | |