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| (Red | questor's Name) | |
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| (Add | dress) | |
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| (City | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| (Bus | siness Entity Nar | me) |
| | | |
| (Do | cument Number) | |
| | | |
| Certified Copies | _ Certificates | s of Status |
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| Special Instructions to | —————— Filing Officer: | |
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Office Use Only



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20231238 15 AM 9: 44

ALLAMASSEE SEE

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. | : | 1200000 | 0195 | | | | | |
|--------------------------------------|----------|-----------|---------|--|--|--|--|--|
| REFERENCE | : | 576678 | 8104888 | | | | | |
| AUTHORIZATION | : | Sur s | Le pa | | | | | |
| COST LIMIT | : | \$ 25:00- | | | | | | |
| ORDER DATE : March 13, 2023 | _ | | | | | | | |
| ORDER TIME : 9:18 AM | | | | | | | | |
| ORDER NO. : 576678-010 | | | | | | | | |
| CUSTOMER NO: 8104888 | | | | | | | | |
| | | | | | | | | |
| CHANGE OF AGENT | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| NAME: AXIM GEOSPATIAL, LLC | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| PLEASE RETURN THE FOLLOWING A | S PRO | OOF OF FI | LING: | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | | | |
| | | | | | | | | |
| CONTACT PERSON: Alexxis Weila | and-s | sorenson | | | | | | |
| E | XAMI | NER'S INI | TIALS: | | | | | |

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:AXIM GEOSI | PATIAL, | LLC | | | | |
|---------------------------------------|-------------------------------------|---|--|--|--|--|--|-----------------------------|
| 2. (| | 100 QBE Way, Suite 1225 | | (b) | | | | |
| ~ , | , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (-) | Mailing address of lin | nited liability | compar | ıy: |
| | | Sun Prairie, WI 53590 | | | | | | |
| | | 08/18/2020 | | M2000 | 00007173 | | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | er . | | |
| 5. | (a) | C T Corporation System | | | | | | |
| 5. (a) | (4) | Registered Agent and Registered Office shown on the records of | of the Flor | ida Dept. of | f State: | | | |
| | | 1200 S. Pine Island Road | | | | | | |
| | | Registered Office Address (MUST BE FLORIDA STREET | | | | | | |
| | | Plantation , F | L_3332 | 24 | | <u>;</u> , | 202 | |
| (| b) _ | Enter name of NEW Registered Agent and/or NEW Registered Office address: Corporation Service Company | | | | HESSAR'S DE | 2023 MAR 15 A | |
| | | NEW Registered Office Address: | | | <u> </u> | SES | عد | |
| | | 1201 Hays Street | | | | AM 9: 44 Y OF STATE | | |
| | | Tallahassee, F | L_32301 | | | | | |
| chan agen was/ | ge (t w wer | mited liability company is not organized under the labor changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited laborated by an affirmative vote of the members les of organization or the operating agreement of the | iws of the registe iability of of the lin | e State of red office company, mited liab | e and the business office it is hereby confirmed pility company or as ot | ce of the reg I that the ch | gistere ange(: | d s) |
| /s/ | / Jil | l Cilmi | Jil | ll Cilmi, A | uthorized Person | | | |
| • | | re of a member or authorized representative of a member | | | Printed or typed name | • | | |
| I he prov he o lo m notif | reby isio blig grel ied | of accept the appointment as registered agent and agens of all statules relative to the proper and complete ations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change. | | | | ee to comp niliar with ocument is company l | ly with and ac being j as bee | the scept filed en |
| | (| Celim Lev | • | | ice Company | | | |
| Signa | ture | of Registered Agent | mi M. (| ∴asper, A | Asst. Vice President | | | |