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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

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## LLC REGISTERED AGENT CHANGE SCANSTAT TECHNOLOGIES, LLC

Certificate of Status	0
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K. Brumbley

## H23000343563 3

## COVER LETTER

TO: Registration Section Division of Corporations SCANSTAT TECHNOLOGIES, LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lori Whalen Name of Person Registered Agent Solutions, Inc. Firm Company 5301 Southwest Pkwy, Suite 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lori Whalen Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: S25 Filing Fee \$55 Filing Fee & Certified Copy.

INHS18 (2/14)

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## 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 Na	ame of the limited liability company: SCANSTA	1 IECHN	IOLOGIE	5, LLU			
2. (a)	1750 FOUNDERS PARKWAY STE 130			RS PARKWAY STE 130			
,	Principal office address of limited liability company;	_ (0/	Mailing address of limited liability company.				
	(Note: MUST BE STREET ADDRESS)	4 1 5		AY BE POST OFFICE BOX			
	ALPHARETTA, GA 30009	_ ALI	PHAREII	TA, GA 30009			
	04/10/2023	M23	30000047	36			
3.	Date of filing/registration in Florida	4.	Document	number			
5. (a)	REGISTERED AGENTS SOLUTION	DNS, INC					
	Registered Agent and Registered Office shown on the records of the	ie Florida Dept, of	State:				
	155 OFFICE PLAZA DR. STE A						
	Registered Office Address (MCST BE FLORIDA STREET A	DDRESS)					
				20			
	TALLAHASSEE FI	32301		123 \$			
	Danishand Annual Call C		<del></del>	2023 SEP 29			
(b)	Registered Agent Solutions, Inc.			29			
	Enter name of NEW Registered Agent and/or NEW Registered (	Office address.					
	2894 Remington Green Ln.			AM 11: 57			
	NEW Registered Office Address:			57			
	Ste. A			·			
	T 11-1						
	Tallahassee	32308	<del></del>				
lf the li	mited liability company is not organized under the laws	s of the State o	f Florida, it is h	nereby confirmed that after			
the chai	nge or changes are made, the Florida street address of taill be identical. Or, in the case of a Florida limited liab	he registered o	ffice and the bu	usiness office of the registered			
was/we	re authorized by an affirmative vote of the members of	the limited lial	oility company	or as otherwise provided in			
/s/	cles of organization or the operating agreement of the li	•	• •	Australian of Dana			
	Mackenzie Hibler  ure of a member or authorized representative of a member	Mackenzi		Authorized Person			
provisie he obli o mere notified	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	e to act in this orformance of for in Chapier ereby confirm to	1. 1.0				
	Mackenzie Hibler, Assistant Secretary						