Florida Department of State

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Division of Corporations

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LLC REGISTERED AGENT CHANGE SCANSTAT TECHNOLOGIES, LLC

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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 Statines, 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.

I. N	ame of the limited liability company: SCANSTAT TEC	JHNOLOG	HES, LLC		
2. (a)	1750 Founders Parkway, Suite 130	(b	(b) 1750 Founders Parkway, Suite 130		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		:	Mailing address of fimited liability company. (Note: MAY BE POST OFFICE BOX)	
	Alpharetta, GA 30009		Alpharetta,	GA 30009	
	04/(0/2023			736	
3, 5. (a	Date of filing/registration in Florida REGISTERED AGENT SOLUTIONS, INC.	4.		Document number	
v. (u)	Registered Agent and Registered Office shown on the records of 2894 REMINGTON GREEN LN., STE, A	the Florida	Dept. of State	- e:	
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	1	-	
(b)	TALLAHASSEE	32308		- 	
	C T Corporation System			APF	
	Enter name of NEW Registered Agent and/or NEW Registered	1 Office add	dress:	PPROVEL AND FILED LIGHT OF MASSELL	
	NEW Registered Office Address			- 四の 本 し	
	1200 South Pine Island Road				
	Plantation FI	33324		_	
the chagent was withe ari	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of the operating agreement of the liability.	f the regis iability co of the lim s limited !	stered office inpany, it i ited liabilit	e and the husiness office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.	
	atures of a member of authorized representative of a member			Printed or typed name of signee	
provis the ob- to mer notifie By:	thy accept the appointment as registered agent and agestions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ted in writing of this change. C T Corporation System Denise Bell, Asst, Secretary ure of Registered Agent	ree to act r performe ed for in t hereby co	in this cap ance of my hapter 602 intern that	acity. I further agree to comply with the duties, and I am familian with and accept 5, F.S. Or, if this document is being filed the funited liability company has been	