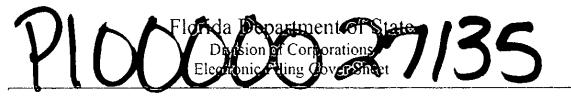
Division of Corporations

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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Phone Fax Number : (614)573-3996

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. <u>.</u>	Pr	nail Address:	_ <u>~</u> _			
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_		REGISTERED AGENT CHANGE BOHEMIA INTERACTIVE SIMULATIONS, INC.				
=	مح. لسد،					
22 JUN	بر . چې سامان	Certificate of Status 0	C SIA			

RECEIVED

## REGISTERED AGENT CHANGE BOHEMIA INTERACTIVE SIMULATIONS, INC.

\*\*Enter the email address for this business entity to be used for future

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A. BUTLER JUN 2U 2022 Help

To:

By:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	unge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Storganized under the laws of the State of $\frac{\text{Fl}}{\text{Fl}}$ registered agent, or both, in the State of Fig.	orida	
1. The name of	the corporation: Bohemia Interactiv	e Simulations, Inc.		
2. The principal	office address: 3050 Technology Pk	wy, Suite 110, Orlando, FL 32746		<del></del>
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 03/26/2010	Document number: P10000027	135	
	d street address of the current regist runent of State: (If resigned, enter r	tered agent and registered office on file with esigned)	ı the	
	David A. Bolton, Esq.			
	3050 Technology Pkwy, Suite 110			
	Orlando, FL 32746		_ <del> </del> ∃33	2027
6. The name and (if changed):	-	ed agent (if changed) and for registered offic	CRETAR ALLAHA	2022 JUN 17 AM 10: 44
	C T Corporation System		\SS! POF	A
	1200 South Pine Island Road		LS:	ų io
		P.O. Box NOT acceptable	AIE	+
	Plantation, Florida 33324			
The street addr	ess of its registered office and the l be identical.	street address of the business office of its	registered	agent,
Such offenge wantherized by t	hs authorized by resolution duly a ne board for the corporation has b	dopted by its board of directors or by an o een notified in writing of the change.	fficer so	
1 CAXON	110	Katherine H. Brown; VP & Assistan		
1 11 1	the appointment as registered ag	Printed or typed name and title ent and agree to act in this capacity. Ill statutes relative to the proper and comp		
of my auties, ai document is be	nd I am familiar with and accept t ing filed merely to reflect a chang is been notified in writing of this c	he obligation of my position as registered e in the registered office address. I hereby	olete perfoi agent. Or confirm th	mance if this hat the
	1) and to	06/17/2022		
Si	gnature of Registered Agent	Unite		
If signing on bo	chalf of an entity:			
Kai	ty Toon, Asst. Sect.			
	Typed or Printed Name	-		

\* \* \* FILING FEE: \$35.00 \* \* \*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)