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	Division of Corporations	
	Fax Number : (850)617-6380	
Fro	n:	
<u> </u>	Account Name : C T CORPORATION SYSTEM	
n _1	Account Number : FCA00000023	
. .	Phone : (954)208-0845	20
	Fax Number : (614)573-3996	2022
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REGISTERED AGENT CHANGE EVOLVEHR IV, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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

1. The name of the corporation: <u>EVOLVEHR IV.</u> INC.

2. The principal office address: 235 3RD STREET SOUTH, SUITE 300

ST. PETERSBURG, FL 33701

3. The mailing address (if different): _

4. Date of incorporation/qualification: <u>11/15/2010</u> Document number: <u>P10000093405</u>

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enterresigned)

-	JENSEN, PAUL C		2022	
	2001 16TH STREET NORTH		DE	, 27 ,
-	ST. PETERSBURG, FL 33704		C 1 2	•3
6. The name and street address of the new registered agent (if changed) and /or registered office (ifchanged):		•	AH	; • E
		•	ä	المحصيل
-	C T Corporation System		31	

1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer of director

Eric Jensen - Attorney in Fact

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address. Thereby confirm that the corporation has been notified in writing of this change.

System Bv: Signature of Registered Agent

12/08/2022

Date

If signing on behalf of an entity:

Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF \$ FATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 (R2E045 (04/13)