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To:

Division of Corporations

Fax Number : (850)617-6380

From:

 ∞ $C\sqrt{J}$ 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.

Email	Address:		 	

REGISTERED AGENT CHANGE NIC4, INC.

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COVER LETTER

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ГО:	Amendment Section Division of Corporations
SU BJ i Name	NIC4, Inc.
юсь	P11000038835
The er	osed Statement of Change of Registered Office/Agent and fee are submitted for filing.
lease	turn all correspondence concerning this matter to the following:
	y Castillo
	Čontact Person
	d Agent Solutions, Inc.
	npany
	ectors Blvd. Suite 300
Addre	
	exas 78744
City/S	e and Zip Code
E-mai	ddress: (to be used for future annual report notification)
or fu	er information concerning this matter, please call:
Ma	y Castillo Name of Contact Person at (888 705-7274 Area Code & Daytime Telephone Number
	Name of Contact Person Area Code & Daytime Telephone Number
	is a \$25 00 about modulus assable to the Demonstrator of Sector
1110103	is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

itatement of cha	provisions of sections 607.0502 nge is submitted for a corporat r to change its registered office	tion organized	l under the la	ws of the State of F	lorida	
2. The principal	he corporation: NIC4, Inc office address: 111 KELS , FL 33619	SEY LAN	NE, SUI	TE D		
	ddress (if different):			D4400	22222	 -
1. Date of incorp	poration/qualification: 4/21/	2011	Document	number: <u>P1100</u>	003883	35
	street address of the current retreet of State: (If resigned, en	ter resigned)			the	
	BUSINESS FIL		NCORF	PORATED		
	1200 South Pine Island	Road			, ,	2020
	Plantation		FL	33324		2020 HAY :
6. The name and (if changed):	· .	29 AH 9:				
	Registered Ager 155 Office Plaza		Suite A		12.0 12.0 13.0	در ,
	Tallahassee	P.O. Box NO FL	T acceptable 323(01		
The street addre	ess of its registered office and be identical.	the street add	ress of the bu	usiness office of its	registered a	igent,
Such change wa authorized by th	is authorized by resolution du ne board, or the corporation ha	ly adopted by is been notific	its board of ed in writing	directors or by an or of the change.	fficer so	
s/ Chad Ga	this of an officer or director	C <u>I</u>	nad Gatl	in (CEO	
of my duttes, an locument is bei	the appointment as registered o comply with the provisions d I am familiar with and acce ng filed merely to reflect a ch been notified in writing of th	pt the obligat ange in the re	gree to act in relative to th ion of my pos gistered offic	this capacity te proper and comp sition as registered te address, I hereby	plete perfori agent. Or, confirm the	nance if this at the
Hode)5/29/20)20 Date			
f signing on be	half of an entity:					
	Assistant Secretary					
Ту	ped or Printed Name					
	* * * FI	LING 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)