P12000099573

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



100355950721

12/10/20--01018--010 **35.00

R. WHITE JAN 20 ZII



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: December 8, 2020

Order#: 539226/051

Re: MULTI SERVICE TECHNOLOGY SOLUTIONS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Erika Zavala Daza c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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

| statement of cha | nge is submitted for a corporation | 617.0502, 607.1508, or 617.1508, Florida Sta n organized under the laws of the State of <u>Fl</u> r registered agent, or both, in the State of Flo | |
|---|--|--|---|
| 1. The name of | the corporation: MULTI SERVICE | TECHNOLOGY SOLUTIONS, INC. | |
| 2. The principal | office address: 8650 COLLEGE E | BOULEVARD, OVERLAND PARK, KS 662 | 10 |
| _ | address (if different): | | |
| 4. Date of incor | poration/qualification: 12/05/2012 | 2 Document number: P1200009 | 9573 |
| | d street address of the current regis rtment of State: (If resigned, enter | stered agent and registered office on file with resigned) | the |
| | C T CORPORATION SYSTEM | 1 | |
| | 1200 SOUTH PINE ISLAND RO | OAD | |
| | PLANTATION, FL 33324 | | |
| 6. The name and (if changed): | d street address of the new register | red agent (if changed) and /or registered offic | ce _, |
| | Corporation Service Company | | |
| | 1201 Hays Street | | - |
| | | P.O. Box NOT acceptable | • |
| | Tallahassee | FL 32301 | = |
| The street addr as changed wil | ess of its registered office and the | e street address of the business office of its | registered agent, |
| Such change w authorized by t | as authorized by resolution duly he board, or the corporation has b | adopted by its board of directors or by an o been notified in writing of the change. | fficer so |
| | | Jason Peterson, Chief Risk Office | r and Secretary |
| Signan | ure of an officer of director | Printed or typed name and title | : |
| I further agree of my duties, ar document is be corporation ha | t the appointment as registered a to comply with the provisions of nd I am familiar with and accept ing filed merely to reflect a chan is been notified in writing of this o in Service Company | gent and agree to act in this capacity. all statutes relative to the proper and comp the obligation of my position as registered ge in the registered office address, I hereby change. | plete performance agent. Or, if this confirm that the |
| By: り | au tokuby | 12/04/2020 | |
| Sig | gnature of Registered Agent | Date | |
| If signing on be | ehalf of an entity: | | |
| Grace E. Kirby, | Asst. Vice President | _ | |
| 1 | Typed or Printed Name | | |
| | * * * FILI | ING 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)