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То	:				
က	Division of Co	rporations			
:: ::	Fax Number	: (850)617-6380			
Fr.	om:				
•	Account Name	: REGISTERED AGENTS INC.	·4		
•	Account Number	: I20090000081	<u> 22</u> 00	200	
	Phone	: (307)200-2803		\cong	
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<u></u>		this business entity to be used for f		i	[
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REGISTERED AGENT CHANGE TECHNOLOGY 2020, INC.

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cho	inge is submitted for a corporation	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida. registered agent, or both, in the State of Florida.				
1. The name of	the corporation: TECHNOLOGY 20	20, INC.				
	. The principal office address: 7901 4th St N, STE 300, St. Petersburg FL 33702					
3. The mailing a	address (if different):					
4. Date of incor	poration/qualification: 01/27/14	Document number: P1400008059				
	d street address of the current regist rtment of State: (If resigned, enter n	ered agent and registered office on file with the esigned)				
	Hammond Taz					
	7901 4th St N STE 300					
	St. Petersburg FL 33702		2020 DEC -7			
6. The name and (if changed):	nd street address of the new registered agent (if changed) and /or registered office :					
	Registered Agents Inc.	: ``C				
	7901 4th St N STE 300	ox NOT acceptable				
	St. Petersburg FL 33702		· 류			
The street address changed will	ess of its registered office and the sobe identical.	street address of the business office of its registered	agent,			
Such change wa authorized by the	as authorized by resolution duly ad he board, or the corporation has be	dopted by its board of directors or by an officer so en notified in writing of the change.				
R: L. Signatu	re of an officer or director	Riley Park Printed or typed name and title				
I further agree performance of agent. Or, if th	to comply with the provisions of al "my duties, and I am familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as register o reflect a change in the registered office address, I ified in writing of this change.	ed			
Bee Han	···	12/07/2020				
Sig	mature of Registered Agent	Date				
	chalf of an entity:					
Bill Havre	Vined or Printed Name					

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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