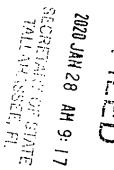
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 153855 AUTHORIZATION : COST LIMIT : ORDER DATE: January 27, 2020 ORDER TIME : 10:17 AM ORDER NO. : 153855-005 CUSTOMER NO: 7578406 CHANGE OF AGENT NAME: IXS USA, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ____ CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER:

CONTACT PERSON: Kadesha Roberson -- EXT#

2020 JAN 28 AM 9:

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the provisions of the State of <u>Florida</u> ange is submitted for a corporation organized under the laws of the State of <u>Florida</u> er to change its registered office or registered agent, or both, in the State of Florida.	is
1. The name of t	the corporation: IXS USA, INC.	
	I office address: 4699 N Federal Hwy, Suite 101-G, Pompano Beach, FL 33064	
3. The mailing a	address (if different): PO Box 368, Pompano Beach, FL 33061	
4. Date of incom	poration/qualification: 05/21/2014 Document number: P14000045483	
5. The name and Florida Depar	d street address of the current registered agent and registered office on file with the urtment of State: (If resigned, enter resigned)	
	IXS USA, Inc.	10
	4699 N Federal Hwy, Suite 101-G, Pompano Beach, FL 33064	SECRU
6. The name and (if changed):	r	# 7.00 7.00
	Corporation Service Company	7) 17) 18) 181
	1201 Hays Street	H.Y.
	P.O. Box NOT ecceptable Tallahassee FL 32301	1.1
The street addre	ess of its registered office and the street address of the business office of its registere be identical.	d agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.	
	Armin Buck President	
Corporation By:	the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performs from familiar with and accept the obligation of my position as registered agent. Of the mercity to reflect a change in the registered office whatess, Thereby confirms to be notified in writing of this change. Service Company Kadesha Roberson Asst. Vice President Date	ormance or if this that the
f signing on bel	half of an entity:	
Ту	yped 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)