0BOU	247656
(Requestor's Name) (Address) (Address)	300301494363
(City/State/Zip/Phone #)	07/21/1701001003 **35.00
Certified Copies Certificates of Status	JUL 24 2017 S. YOUNG S. YOUNG
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## COVER LETTER

TO: Amendment Section Division of Corporations

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# SUBJECT: Dataflow Technologies Inc.

Name of Corporation

## DOCUMENT NUMBER: P15000047656

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donald Lyman	
Name of Contac	t Darson
Uplevl	
Firm/Comp	any
150 Sawgrass Corp	Pkway, 4th fl
Address	
Sunrise, FI 33323	
City/State and Z	ip Code
dlyman@uplevl.com	
E-mail address: (to be used for future	re annual report notification)
For further information concerning this matter, please call	
Donald Lyman	" <sub>(</sub> 561 <u>)</u> 289-2587
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Departme	nt of State.

<u>Mailing Address:</u> Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

CR2E045 (03/12)

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

1. The name of the corporati			
2. The principal office addre	ss: 1560 Sawgrass Co	rporate Parkway	, 4th Floor, Sunrise,
FI 33323			
3 The mailing address (if di	fferent):		

4. Date of incorporation/gualification: 5/28/15	Document number: P15000047656
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5.	The name and street address of the current registered agen	t and	registered	office on	file w	ith the
	Florida Department of State: (If resigned, enter resigned)					

Corporate Creations, 11380 Prosperity Farms Road # 221E

		* * * * *	-		
	Palm Beach Gardens FI 33410		_		
	RESIGNED		_		
The name and (if changed):	street address of the new registered agent (	 if changed) and /or registered of 	fice.	17	
	DONALD LYMAN, UPLEVL			JUi. 2	ی ہے۔ بر 
	1560 SAWGRASS CORPORA	TE PKWAY, 4TH FL		-0	
	P.O. Box NOT acceptable			12	·/
	SUNRISE, FL 33323	 		12:5	
		1	3		

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.

### DONALD LYMAN, CAO

Signature of an officer or director

			•		
Printed	or	typed	name	and	title

I hereby accept the appointment as registered agent and adree 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, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

212/12 Date

If signing on behalf of an entity:

6. '

Typed 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 (03/12)