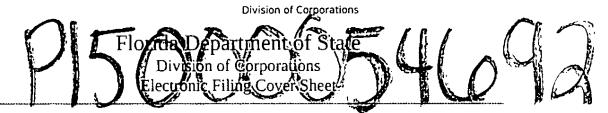
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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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 STRATERIX SOLUTIONS, INC.

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J. HORNE

APR 2 9 2022

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Corporate Filing Menu

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

statement of change is submitted for a c	507.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, corporation organized under the laws of the State of <mark>Florida</mark> ed office or registered agent, or both, in the State of Florida.	this	
1. The name of the corporation: Strate	erix Solutions, Inc.		
		_	
3. The mailing address (if different):			
4. Date of incorporation/qualification:	06/23/2015 Document number: P1500005469	3 2	
5. The name and street address of the cu Florida Department of State: (If resig	urrent registered agent and registered office on file with the med, enter resigned)		
Registered Age	Registered Agents Inc.		2022
7901 4th St N,	STE 300	287.7	2022 APR
St. Petersburg,	FL 33702	SEE SKY (28
(if changed):	ew registered agent (if changed) and /or registered office	F ST.11	AH 8: 30
Northwest Regi	stered Agent LLC		
7901 4th St N S	STE 300		
St. Petersburg	P.O. Box NOT acceptable FL 33702		
The street address of its registered offias changed will be identical.	ice and the street address of the business office of its registe	ered ag	ent,
Such change was authorized by resolu authorized by the board, or the corpora	ation duly adopted by its board of directors or by an officer ation has been notified in writing of the change.	so	
Alcon College of the Signature of an officer or director	Alan G Nix, President Printed or typed name and title	_	_
I hereby accept the appointment as reg I further agree to comply with the pro- of my duties, and I am familiar with an document is being filed merely to refle corporation has been notified in writing	gistered agent and agree to act in this capacity. visions of all statutes relative to the proper and complete p nd accept the obligation of my position as registered agent. act a change in the registered office address. I hereby confi ng of this change.	erforma Or, if rm that	ince this the
Ton Glove	04/28/2022		
Signature of Registered Agent	Date	'	_
If signing on behalf of an entity:			
Tom Glover			
Typed or Printed Name			

Make Checks payable to Florida Department of State
Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
CR2E045 (04/13)

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