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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : CAPITOL CORPORATE SERVICES, INC.

Account Number : I20160000048 Phone : (800)345-4647 Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE LAUNCH ON DEMAND CORPORATION

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

44.

statement of cha	provisions of sections 607.0502, 617.0502 nge is submitted for a corporation organi r to change its registered office or register	zed under the laws of the State of Flo	orida	
	he corporation: Launch On Demand Con	-		
2. The principal		<u> </u>		
3. The mailing a	ddress (if different): n/a			
4. Date of incorp	poration/qualification: 10/01/2018	Document number: P180000822	196	_
	street address of the current registered ag tment of State: (If resigned, enter resigned		the	
	JONATHAN G. DAVIS			
	403 WENTHROP CIR		1	
	ROCKLEDGE, FL 32955		SECS ALL#	2028 A
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				APR -9
	Capitol Corporate Services, Inc.		<u></u>	X
	515 East Park Avenue, 2nd Floor		S 741	ထု
	P.O. Box Tailahassee, FL 32301	NOT acceptable	, Du	17
The street address changed will	ss of its registered office and the street a be identical.	ddress of the business office of its re	gistered	agent,
Such change wa authorized by th	s authorized by resolution duly adopted to board, or the corporation has been not	by its board of directors or by an off ified in writing of the change.	icer so	
mather	y Davis	JONATHAN G. DAVIS, Co-Founder	and CTO	
` -	the appointment as registered agent and o comply with the provisions of all statud I am familiar with and accept the oblig filed merely to reflect a change in the been notified in writing of this change.	Printed of typed name and into l agree to act in this capacity, tes relative to the proper and comple gation of my position as registered a registered office address, I hereby o	ete perfor gent. Or sonfirm ti	mance if this vat the
A Siz	nature of Registered Agent	419 2020		
If signing on be	half of an entity:			
<u>hveynda</u>	Wood Assistant Scretar	.		
	* * * FILING FE	E: \$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)