P94000089611

| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | ldress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | ocument Number) | |
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DEPARTMENT OF STATE

Slacon

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : 12000000195 REFERENCE : 623507 AUTHORIZATION COST LIMIT ORDER DATE: May 1, 2017 ORDER TIME : 10:13 AM ORDER NO. : 623507-005 CUSTOMER NO: 7742316 CHANGE OF AGENT NAME: LNS TECHNOLOGIES, INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Melissa Zender -- EXT#

EXAMINER:

COVER LETTER

| TO: | Amendment Section Division of Corporations | |
|--------|--|--|
| SHRI | LNS TECHNOLOGIES, INC. | |
| ос во | Name of Corporation | |
| DOC | P94000089611 CUMENT NUMBER: | |
| The e | enclosed Statement of Change of Registered Office/Agent and | I fee are submitted for filing. |
| Please | se return all correspondence concerning this matter to the follo | owing: |
| | Debbie McMennamy | |
| | 1 | |
| | | |
| | | |
| | | |
| | Address | |
| | | |
| | City/State and Zip Code | - |
| | debbie.mcmennamy@compucom.com | |
| | E-mail address: (to be used for future annu | al report notification) |
| For fu | further information concerning this matter, please call: | |
| Debb | bie McMennamy 972 at (at | 856-4104) |
| | Name of Contact Person Area | Code & Daytime Telephone Number |
| Enclo | osed is a \$35.00 check made payable to the Department of Sta | ate. |
| | Amendment Section A Division of Corporations E P.O. Box 6327 | Street Address: Amendment Section Division of Corporations Clifton Building |
| | , | 661 Executive Center Circle Fallahassee, FL 32301 |

DocuSign Envelope ID: 6D9395EE-CCD3-4F6E-A638-44164236166A STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of cha | nge is submitted for a corp | oration organized under the l | aws of the State of FLORIDA | |
|---|--|--|--|----------|
| | | fice or registered agent, or bo | oth, in the State of Florida. | |
| The name of t The principal | he corporation: LNS TECH office address: 8383 Domir | nion Parkway, Plano, TX 7502 | 24 | _ |
| 3. The mailing a | ddress (if different): | | | |
| 4. Date of incorp | poration/qualification: 12/1 | 2/1994 Document | | |
| | I street address of the current tment of State: (If resigned, | nt registered agent and register enter resigned) | | <u> </u> |
| | JOHN LORELLE | | 255 8 | , הל |
| | 26829 TANIC DR. SUITE | 101 | TAIRY OF STAIR | (|
| | WESLEY CHAPEL | FL | 33544 | |
| 6. The name and (if changed): | street address of the new re | egistered agent (if changed) a | nd /or registered office | |
| | Corporation Service Comp | pany | | |
| | 1201 Hays Street | | | |
| | | P.O. Box NOT acceptable | 00004 | |
| | Tallahassee | FL. | 32301 | |
| The street addre | ess of its registered office a be identical. | nd the street address of the b | ousiness office of its registered agent, | |
| Such change wa | s authorized by resolution the board, or the corporation | duly adopted by its board of has been notified in writing | directors or by an officer so of the change. | |
| Sharon John | SON | Sharon M. Joh | nnson, Secretary | |
| D9BEB4C031Fig47dtu | re of an officer or director | Prin | nted or typed name and title | |
| I further agree to performance of agent. Or, if this hereby confirm | the appointment as registe to comply with the provision my duties, and I am familia is document is being filed nather the corporation has be n Service Company | red agent and agree to act in ns of all statutes relative to tar with and accept the obliganerely to reflect a change in the notified in writing of this | n this capacity. the proper and complete thion of my position as registered the registered office address, I change. | |
| D M. | number of Registered Agent | 5 | 5/8/17 | |
| Sign | nature of Registered Agent | | • Date | |
| | half of an entity: Melissa Zender | | | |
| ту | Asst Vice Presider | n <u>t</u> | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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