((Requestor's Name)	
 -	7Å\	
((Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT M	IAIL
_		
	(Business Entity Name)	
1	(Document Number)	
Certified Copies	Certificates of Status	
,		
Special Instructions to	Filing Officer:	
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 464252 8331888

AUTHORIZATION :

COST LIMIT : \$'35.00

ORDER DATE : February 8, 2022

ORDER TIME : 2:17 PM

ORDER NO. : 464252-015

CUSTOMER NO: 8331888

CHANGE OF AGENT

NAME: GUIDENT TECHNOLOGIES, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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

statement of cha	nge is submitted for a corporat	2, 617.0502, 607.1508, or 617.1508, Florida Stition organized under the laws of the State of $\frac{F}{E}$ is or registered agent, or both, in the State of Flo	lorida
1. The name of t	he corporation: GUIDENT TEC	CHNOLOGIES, INC.	
		oad Suite 600 Fairfax, VA 22033	
3. The mailing a	ddress (if different):		
4. Date of incorp	ooration/qualification: 04/08/1	997 Document number: P970000	32125
	I street address of the current re tment of State: (If resigned, ent	egistered agent and registered office on file with ter resigned)	ı the
	COGENCY GLOBAL INC.		
	115 North Calhoun St. Suite	4	
	Tallahassee	FL 32301	.g. 20
6. The name and (if changed):	I street address of the new regis	stered agent (if changed) and /or registered officing	AH T
	1201 Hays Street		
		P.O. Box. NOT acceptable	9: 3! E.F.L
	Tallahassee	FL 32301	ानं ज
		the street address of the business office of its	
Such change was authorized by the	ns authorized by resolution dul ne board, or the corporation ha	ly adopted by its board of directors or by an o is been notified in writing of the change.	fficer so
Xu	. E. algui	Jill Cilmi	Vice President
I hereby accept I further agree to of my duties, an document is bei- corporation has	o comply with the provisions of d I am familiar with and accep ng filed merely to reflect a cho been notified in writing of thi	Printed or typed name and title l agent and agree to act in this capacity, of all statutes relative to the proper and comp pt the obligation of my position as registered ange in the registered office address, I hereby is change.	
· · · · · · · · · · · · · · · · · · ·	n Service Company	02/11/2022	
By: Llace	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Grace E. Kirby,	Asst. Vice President		
Ty	rped or Printed Name		

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