7/29/2020

Division of Corporations

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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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FWall	Address:			

## REGISTERED AGENT CHANGE INCADENCE STRATEGIC SOLUTIONS CORPORATION

Certificate of Status	0
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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chang	ge is submitted for a corporation org	0502, 607.1508, or 617.1508, Florida Stat ganized under the laws of the State of <mark>Del</mark> gistered agent, or both, in the State of Flor	aware		
1. The name of the	e cornoration: INCADENCE STRAT	EGIC SOLUTIONS CORPORATION			
	fice address: 10432 Balls Ford Rd #1				
	1835 Alexander I	Sell the Suite 210 Recton VA 20191			
3. The mailing add	dress (if different): 1835 Alexander I	Et (000001)	714		
•		Document number: F160000017			
	trect address of the current registers nent of State: (If resigned, enter resi	ed agent and registered office on file with gred)	the		
(	CORPORATION SERVICE COMPA	NY			
- -	201 HAYS STREET				
1 _	"ALLAHASSEE, FL 32301-2525				
6. The name and s (if changed):	treet address of the new registered a	agent (if changed) and /or registered office	2020 JUL		
	C T Corporation System		1. 29		
i	1200 South Pine Island Road				
_	P.O. Box NOT acceptable				
1	Plantation, Florida 33324		•		
The street address as changed will b	s of its registered office and the street identical.	cet address of the business office of its re	egistered agent,		
Such change was authorized by the	authorized by resolution duly adop board, or the corporation has been	oted by its board of directors or by an off motified in writing of the change.	ficer so		
Quas	AP Maland	Matthew p. Galaski, CFO			
••	of an officer of director	Printed or typed name and title			
Thereby accept the I further agree to of my duties, and document is being corporation has b	e appointment as registered agent comply with the provisions of all s I am familiar with and accept the g filed merely to reflect a change it seen notified in writing of this chan	and agree to act in this capacity, tatutes relative to the proper and compl obligation of my position as registered a t the registered office address, I hereby o ge.	ete performance gent. Or, if this confirm that the		
C T Corporation S	ystem Liu DAS	. 07/29/2020			
Signal	nire of Registered Ageni	Date			
If signing on beha	ilf of an entity:				
Lisa Du					
Тур	ed 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 (04/13)

By: