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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 890585 7450386

AUTHORIZATION :

COST LIMIT : 75 35.00

ORDER DATE: October 30, 2017

ORDER TIME : 9:13 AM

ORDER NO. : 890585-010

CUSTOMER NO: 7450386

CHANGE OF AGENT

NAME: SPIDERCLOUD WIRELESS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner

EXAMINER'S INITIALS:

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

		, 617.0502, 607.1508, or 617.1508, Florida ion organized under the laws of the State of	l l
		or registered agent, or both, in the State of	
1. The name of	the corporation: SPIDERCLOU	D WIRELESS, INC.	
2. The principa	al office address: 475 Sycamore	Drive, Milpitas CA 95035	
-			
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 11/29/26	Document number: F15000	0005368
	nd street address of the current re artment of State: (If resigned, cnt	gistered agent and registered office on file vertex (er resigned)	with the
	INCORPORATING SERVICE	S, LTD	_
	1540 GLENWAY DRIVE		_
	TALLAHASSEE	FL 32301	_
6. The name ar (if changed)	•	tered agent (if changed) and /or registered of	office 2011-061-3.1
	Corporation Service Company	y	
	1201 Hays Street		
		O. Box NOT acceptable	T
	Tallahassee	FL 32301	_ တ် 💥
The street add as changed wi	ress of its registered office and the identical.	the street address of the business office of	its registered agent.
Such change vauthorized by	vas authorized by resolution dul the board, or the corporation ha	y adopted by its board of directors or by a s been notified in writing of the change.	n officer so
Mall	P. C. Don	Michael P. O'Day	CEO & President
I hereby accept further agree performance a agent. Or, if thereby confirm Corporati	e to comply with the provisions of of my duties, and I am familiar w his document is being filed mero	Printed or typed name and agent and agree to act in this capacity, of all statutes relative to the proper and covith and accept the obligation of my positively to reflect a change in the registered off notified in writing of this change. 3 2 10	omplete on as registered
	Typed or Printed Name	<u> </u>	
	* * * FII	LING FEE: \$35.00 * * *	1

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)