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(R€	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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JAN 1 0 2020 D CUSHING



CSC.- WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: December 2, 2019

Order#: 062068-221

Re: TELERX MARKETING INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

OUCA.XCOA

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

statement of cha	nge is submitted for a corporat	or registered agent, or both, in the State of Florida.	
1. The name of t	the corporation: TELERX MAR	KETING INC.	
2. The principal	office address: 723 Dresher Ro	oad, Horsham, PA 19044	
3. The mailing a	address (if different):		
4. Date of incorp	poration/qualification: 02/10/2	Document number:F16000000612	
	I street address of the current re rtment of State: (If resigned, ent	gistered agent and registered office on file with the er resigned)	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name and (if changed):	d street address of the new regis	tered agent (if changed) and /or registered office	<u>.</u>
	Corporation Service Company	y	
	1201 Hays Street		
	Tallahassee	O Box NOT acceptable FL 32301	S
			 190
The street address changed will	ess of its registered office and to be identical.	the street address of the business office of its registered agen	
Such change wa	as authorized by resolution duly ne board, or the corporation has	y adopted by its board of directors or by an officer so s been notified in writing of the change.	苦
Xie	e E agni	Jill Cilmi, Vice President	
I hereby accept I further agree i performance of agent. Or, if th hereby confirm	to comply with the provisions of my duties, and I am familiar w is document is being filed mere	Printed or typed name and title agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered ely to reflect a change in the registered office address, I notified in writing of this change.	
By:	nature of Registered Agent	11/27/2019 Date	
_	chalf of an entity:	. June	
Ami M. Casper	, Asst. Vice President		
-1.	speed or Printed Name	_	

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

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