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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

REGISTRATION SECTION DIVISION OF CORPORATIONS To:

Ami Casper ami.casper@cscglobal.com From:

November 5, 2019 Date:

Order#: 031249/209

Re: SAGAMORE SOLUTIONS, LLC

Enclosed please find:

 $\frac{XX}{XX}$ Change of Registered Agent and Office. $\frac{XX}{X}$ Check in the amount of $\frac{525}{X}$.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

Return Regular Mail in the enclosed envelope. XX

Attn:Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

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

INCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

1. 1	Name of the limited liability company: SAGAMORE S	OLUTION	IS, LLC				
2. (a)	500 Staples Drive	(b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address o (Note: MAY B		-	
	Framingham, MA 01702						
	09/24/2015		L150001	63576			
3.	Date of filing/registration in Florida	4.		Document nu	mber		
5. (a	a) C T Corporation System			_			
(b)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta	te:			
	1200 South Pine Island Road						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<u> </u>	_			
	Plantation , FI	33324		_			
				_			
	Corporation Service Company		<u> </u>	_	Z S	20	
	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	<u>lress</u> :		7 / 7 203	194	
	1201 Hays Street				HAS:	7- AON 6102	FIL
	NEW Registered Office Address:				EF. FC	P	III
				_	r Shai E Florina	ن. د	D
	Tallahassee , FI	L 32301			Z L	9	
the c agen was/	e limited liability company is not organized under the la hange or changes are made, the Florida street address o t will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	f the regis iability co of the lim	tered offic mpany, it ited liabili	ce and the busing is hereby conficted to the conficted for the company or the com	ness office rmed that t	of the the	registered nge(s)
	/s/ Jill Cilmi	Jil C	Jill Cilmi, Authorized Person				
Sig	nature of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·		Printed or typeo	d name of sig	nee	
prov. the o to me	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide erely reflect a change in the registered office address, I led in writing of this change.	ree to act e performa ed for in C hereby co	in this cap ance of my hapter 60 onfirm that	pacity. I furthe duties, and I a 15, F.S. Or, if t t the limited lia	er agree to im familiar his docume ibility comp	comply with a ent is be vany he	with the acception with the acception of
<u> </u>	(lum Key	DAZ :	114.0	g . w.y.	. n		
Signa	iture of Registered Agent Corporation Service Company	BY A	mi M. Ca	sper Asst Vi	ce Presido	ent	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00