

**Division of Corporations Electronic Filing Cover Sheet** 

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To:

Division of Corporations

Fax Number : (350) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

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Phone : (614)280-3338

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## REGISTERED AGENT CHANGE THE FRAYMAN GROUP, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35,00

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NOV 10 2016

## **COVER LETTER**

10:	Amendment Section Division of Corporations					
SUBJ.	THE FRAYMAN GROUP, INC.					
	Name of Corporation					
DOC	F09000005252  MENT NUMBER:					
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
	KARL LARSON					
	Name of Contact Person					
Firm/Company						
	200 PORTAGE AVE					
Address						
	PALO ALTO, CA 94306					
City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For fu	ther information concerning this matter, please call:					
Jan La	A4 ( \					
	Name of Contact Person Area Code & Daytime Telephone Number					
Enclos	ed is a \$35.00 check made payable to the Department of State.					
	Mailing Address: Amendment Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Street Address: Amendment Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301					

CR2E045 (03/12)

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

statement of ch	provisions of sections 607.0502, ange is submitted for a corporatio er to change its registered office o	on organized under the laws	of the State of Delaware		
1. The name of	the corporation: THE FRAYMAN	GROUP, INC.			
	l office address: 200 PORTAGE A	VE PALO ALTO, CA 94306			
3. The mailing	address (if different):				
4. Date of incor	rporation/qualification: 12/29/2009	Document nur	nber: F09000005252		
	d street address of the current reg triment of State: (If resigned, enter		office on file with the		
	BLUMBERGEXCELSIOR CORE	PORATE SERVICES, INC.			
	155 OFFICE PLAZA DRIVE, 1ST FLOOR				
	TALLAHASSEE, FL 32301				
6. The name an (if changed):	d street address of the new registe	ered agent (if changed) and /o	or registered office		
	C T Corporation System				
	c/o C T Corporation System, 1200	South Pine Island Road	area and a second		
	P.O. Plantation, Florida 33324	Box NOT acceptable			
The street addr	ress of its registered office and the	e street address of the busin			
Such change was authorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of dire been notified in writing of the	ctors or by an officerso he change.		
Signati	ute of an officer or diffector	Jose Castellanos, Se	cretary typed name and title		
I hereby accept I further agree performance of agent. Or, if th	t the appointment as registered a to comply with the provisions of f my duties, and I am familiar wit his document is being filed merely that the corporation has been no	gent and agree to act in this all statutes relative to the p th and accept the obligation y to reflect a change in the r	capacity. roper and complete of my position as registered egistered office address, I		
By: YET Col	rporation System	11/8/2016			
	gnature of Registered Agent		Date		
If signing on bo	chalf of an entity:				
	rd, Asst. Secretary	_			
Ti .	Typed 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 (03/12)