

| (Requestor's Name)                      |  |  |
|---|--|--|
|   |  |  |
| (Address)                               |  |  |
|   |  |  |
| (Address)                               |  |  |
| (Addiess)                               |  |  |
|   |  |  |
| (City/State/Zip/Phone #)                |  |  |
| PICK-UP WAIT MAIL                       |  |  |
|   |  |  |
| (Business Entity Name)                  |  |  |
| (Business Entity Name)                  |  |  |
|   |  |  |
| (Document Number)                       |  |  |
|   |  |  |
| Certified Copies Certificates of Status |  |  |
|   |  |  |
|   |  |  |
| Special Instructions to Filing Officer: |  |  |
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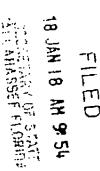
Office Use Only



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RIALLY



CSC - WILMINGTON
251 Little Falls Prive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: January 16, 2018

Order#: 011261-003

Re: HM.CLAUSE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX\_\_\_ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ashley Seeman 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  | nnge is submitted for a corporation or   | 0302, 607.1308, or 617.1308, Florida Statutes, this rganized under the laws of the State of CA gistered agent, or both, in the State of Florida.   |  |
|---|--|--|--|
| 1. The name of  | the corporation: HM.CLAUSE, INC.   |  |  |
| 2. The principal  | office address: 260 Cousteau Place.  | Suite 100, Davis, CA 95618   |  |
| 3. The mailing a  | address (if different):  |  |  |
| 4. Date of incorp   | poration/qualification: 05/20/1969   | Document number: 822823  |  |
|   | I street address of the current register<br>rtment of State: (If resigned, enter res | ed agent and registered office on file with the igned)   |  |
|   | CT Corporation System  |  |  |
|   | C/O CT Corporation System, 1200 South Pine Island Rd.                                |  |  |
|   | Plantation   | FL 33324   |  |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |  |  |  |
|   | Corporation Service Company  | TO THE PERSON OF |  |
|   | 1201 Hays Street   |  |  |
|   | P.O. Box<br>Tallahassee  | NOT acceptable FL 32301  |  |
| The street address changed will   | ess of its registered office and the str<br>be identical.                            | reet address of the business office of its registered agent.   |  |
|   |  | pted by its board of directors or by an officer so<br>a notified in writing of the change.   |  |
|   | el E agnie   | Jill Cilmi, Vice President   |  |
| I hereby secept<br>I further agree is<br>performance of<br>agent. Or, if the<br>hereby confirm                  | is document is being filed merely to i<br>that the corporation has been notifie      | statutes relative to the proper and complete<br>nd accept the obligation of my position as registered<br>reflect a change in the registered office address, I  |  |
| By:   | n Service Company  | 01/16/2018   |  |
|   | half of an artists   | Date   |  |
|   | half of an entity:  Assistant Vice President   |  |  |
|   | yped 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 \* \* \*