F00000005103

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



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2021 JUH 10 PH 12: 57



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: June 8, 2021

Order#: 833378-297

Re: SERENA SOFTWARE, 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.

XX 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 change i	sions of sections 607.0502, 617.0502 s submitted for a corporation organi	zed under the laws of the State of $_$	Delaware
	hange its registered office or register		Florida.
1. The name of the co	orporation: SERENA SOFTWARE, I	NC.	
2. The principal offic	e address: 2345 NW Amberbrook Dr	rive, Suite 200, Hillsboro, OR 970)06
3. The mailing address	ss (if different):		
Document number: F00000005103			
	et address of the current registered ag t of State: (If resigned, enter resigned		ith the
<u>C T</u>	Corporation System		<u>-</u>
120	0 South Pine Island Road		
Pla	ntation, FL 33324		
6. The name and stre (if changed):	et address of the new registered agen	t (if changed) and /or registered of	2021 JUH 10 PH 12: 57
Cor	poration Service Company		PH
120	1 Hays Street		2: 5
	P O. Box	NOT acceptable	
Tal	ahassee	FL 32301	_
The street address of as changed will be id	fits registered office and the street a dentical.	address of the business office of it	s registered agent,
Such change was au author(ze) by the bo	thorized by resolution duly adopted ard, or the corporation has been not	by its board of directors or by an ified in writing of the change.	officer so
Xie 8	2 GOME	Jill Cilmi, Vice President	
Senature of a	n officer or director	Printed or typed name and to	tie
I further agree to co of my duties, and I a document is being fi corporation has bee	appointment as registered agent and mply with the provisions of all statum familiar with and accept the oblighed merely to reflect a change in the notified in writing of this change. ervice Company	ies relative to the proper and con	aplete performance d agent. Or, if this by confirm that the
By: Cli	m Leil	06/01/2021	
	of Registered Agent	Date	
If signing on behalf	of an entity:		
Ami M. Casper, Asst	. Vice President		
Typed o	r Printed Name		

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