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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

S TALLENT AUG 03 2017

Email Address:

7 AUG -2 PH 2: 43

## REGISTERED AGENT CHANGE SOFTGATE SYSTEMS, INC.

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

		2, 607.1508, or 617.1508, Florida Statutes, this zed under the laws of the State of New Jersey	
		red agent, or both, in the State of Florida.	
1. The name of t	he corporation: Sofigate Systems, Inc.		
2. The principal	office address: 330 Passaic Avenue, Fairfiel	Id. NJ 07004	_
3. The mailing a	ddress (if different): c/o Corporate Legal Do	epartment, 2211 North First Street, San Jose, CA 95131	<del></del> 
4. Date of incorp	poration/cualification: 9/13/2000	Document number: F00000005128	
	street address of the current registered ag timent of State: (If resigned, enter resigned		
	CORPORATION SERVICE COMPANY		
	1201 HAYS STREET TALLAHASSEE, F		=
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		t (if changed) and /or registered office	ED
	c/o C T Corporation System, 1200 South Pin	ne Island Road	
	P.O. Box NOT:		
	Plantation, Florida 33324		
		address of the business office of its registered agent,	
Such change was authorized by th	as authorized by resolution duly adopted ne board, or the corporation has been not	by its board of directors or by an officer so ified in writing of the change.	
sessi	a Alc	Jessica Hale, Secretary	
I hereby accept I further agree performance of agent. Or, if th	the appointment as registered agent and to comply with the provisions of all statu my duties, and I am familiar with and ac is document is being filed merely to refle that the corporation has been notified in	ccept the obligation of my position as registered act a change in the registered office address. I	
By: C T Cor	pofacion system (In White)	7/27/2017	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Cristie Myers			
Ţ	yped or Printed Name  * * * FILING FEI	E: \$35.00 * * *	

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

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