

12/16/2013 12:09:50 From: To: 8506176380

Division of Corporations

**F00000005704** (1/3/)  
Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

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

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13 DEC 16 PM 12:57

FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**REGISTERED AGENT CHANGE  
SYNIVERSE TECHNOLOGIES AMERICAS, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

*RO/RA Change*

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Corporate Filing Menu

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**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** SYNIVERSE TECHNOLOGIES AMERICAS, INC.

Name of Corporation

**DOCUMENT NUMBER:** F00000005704

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Yadin Herzel

Name of Contact Person

CT Corporation System

Firm/Company

1675 Broadway Ste 1200

Address

Denver CO 80202-4682

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Yadin Herzel

954

745-3603

Name of Contact Person

at

Area Code & Daytime Telephone Number

Enclosed 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

CR2ED45 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: SYNIVERSE TECHNOLOGIES AMERICAS, INC.
2. The principal office address: 401 E JACKSON ST STE 2950, TAMPA FL 33602
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 10/05/2000 Document number: F00000005704
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY

1201 HAYS STREET

TALLAHASSEE, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Laura E. Binion  
Signature of an officer or director

Laura E. Binion / Secretary  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby certify that the corporation has been notified in writing of this change.

By: [Signature]  
Signature of Registered Agent

12/18/13  
Date

If signing on behalf of \_\_\_\_\_  
Asst. Vice President

\_\_\_\_\_  
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)

13 DEC 16 AM 9:31

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STATE  
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