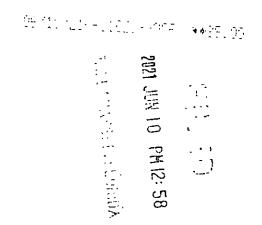
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		,

Office Use Only



600367394766





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#: 833378-084

Re: MICRO FOCUS (US), 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.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Sta organized under the laws of the State of D	elaware	
		registered agent, or both, in the State of Flo.	rida.	
1. The name of t	the corporation: MICRO FOCUS (U	IS), INC.		
2. The principal	office address: 700 King Farm Bou	elevard, Suite 400, Rockville, MD 20850		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 03/21/2002	Document number: F0200000	1490	
	l street address of the current registe tment of State: (If resigned, enter re	ered agent and registered office on file with esigned)	the	
	C T Corporation System		2021	
	1200 South Pine Island Road			
	Plantation, FL 33324	·	10	
6. The name and (if changed):	•	d agent (if changed) and /or registered office	2021 JUH 10 PH 12: 58	
	Corporation Service Company		***	
1201 Hays Street				
	P O Box NOT acceptable			
	Tallahassee	FL 32301		
The street address changed will	ess of its registered office and the s be identical.	treet address of the business office of its r	egistered agent,	
Such change was author(zelf by the	as authorized by resolution duly ad ne board, or the corporation has be	opted by its board of directors or by an of en notified in writing of the change.	ficer so	
Jill Cilmi, Vice President				
Senatu	re of an officer or director	Printed or typed name and title		
I further agree of my duties, and document is being corporation has	to comply with the provisions of al	nt and agree to act in this capacity. I statutes relative to the proper and compl e obligation of my position as registered a in the registered office address, I hereby ange.	ete performance igent. Or, if this confirm that the	
By:	1, M Leil	06/01/2021		
Sig	nature of Registered Agent	Date		
If signing on be	half of an entity:			
Ami M. Casper,	Asst. Vice President			
T	yped or Printed Name			

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