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Division of Corporations

Florida Department of State

Division of Corporations

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

From:
        Account Name   : REGISTERED AGENT SOLUTIONS INC
        Account Number : I20100000062
        Phone   : (888)705-7274
        Fax Number   : (888)706-7274

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FEB 13 2018

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        Email Address:_____

REGISTERED AGENT CHANGE
FUJITSU GLOVIA, INC.

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COVER LETTER

TO: Amendment Section
        Division of Corporations

SUBJECT: **FUJITSU GLOVIA, INC.**
_____
                Name of Corporation

DOCUMENT NUMBER: **F02000001920**
_____

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:

MARGOT MULLIN
_____
                Name of Contact Person

Registered Agent Solutions, Inc.
_____
                Firm/Company

1701 Directors Blvd, Ste 300
_____
                Address

Austin, TX 78744
_____
                City/State and Zip Code

notices@rasi.com
_____
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARGOT MULLIN   at (**888**) **705-7274**
_____
        Name of Contact Person   Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:	**Street Address:**
Amendment Section	Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle
	Tallahassee, FL 32301

CR2E045 (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: **FUJITSU GLOVIA, INC.**

2. The principal office address: **200 CONTINENTAL BLVD, 3RD FLOOR**

EL SEGUNDO   **CA**   **90245**

3. The mailing address (if different):_____

4. Date of incorporation/qualification: **04/15/2002**   Document number: **F02000001920**

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 32301-2525

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

   Registered Agent Solutions, Inc.

   155 Office Plaza Dr., Suite A

   P.O. Box NOT acceptable

   Tallahassee, FL 32301

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.
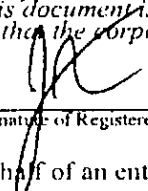
/s/ *Masahiro Cho*   **MASAHIRO CHO**   **CFO**
_____   _____
Signature of an officer or director   Printed or typed name and title

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 confirm that the corporation has been notified in writing of this change.

     02/12/2018
_____   _____
Signature of Registered Agent   Date

If signing on behalf of an entity:

Justine Karnell   -   Assistant Secretary
_____
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)