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05/01/24

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 440360 7273992

AUTHORIZATION : C

COST LIMIT : \$\sigma 35\.00

ORDER DATE : April 29, 2024

ORDER TIME : 10:23 AM

ORDER NO. : 440360-010

CUSTOMER NO: 7273992

CHANGE OF AGENT

NAME: INCONTACT, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

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

statement of chai	provisions of sections 607.0502, 617.02 nge is submitted for a corporation orgo r to change its registered office or regi	anized under the laws of the State o	<u> DE</u>
1. The name of the	he corporation: INCONTACT, INC.	-	
2. The principal	office address: 75 W. TOWNE RIDGE	PARKWAY, TOWER 1 SANDY, (JT 84070
3. The mailing ac	ddress (if different):		
_	oration/qualification: 03/04/2003	Document number: F0300	0001164
5. The name and	street address of the current registered ament of State: (If resigned, enter resigned)	agent and registered office on file	
	NRAI SERVICES, INC		
	1200 South Pine Island Road		<u>;</u>
	Plantation	FL 33324	
6. The name and (if changed):	street address of the new registered ag Corporation Service Company	gent (if changed) and /or registered	AM 9: 43
	1201 Hays Street	*	<u> </u>
	P.O. Box NOT acceptable		
	Tallahassee	FL 32301	
The street addre	ss of its registered office and the stree be identical.	et address of the business office of	its registered agent,
	s authorized by resolution duly adopt e board, or the corporation has been r	ed by its board of directors or by a notified in writing of the change.	m officer so
1.	n Bitten	Brian Bitten	Treasurer
-	eset aun esticer or director	Printed or typed name and	! title
I further agree to of my duties, and document is bein corporation has	the appointment as registered agent of a comply with the provisions of all state of a comply with the provisions of all state of a comply with and accept the of a filed merely to reflect a change in been notified in writing of this chang	atutes relative to the proper and co bligation of my position as registe the registered office address, I her	omplete performance red agent. Or, if this eby confirm that the
By: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Servite Company	4/29/2024	
	ature of Registered Agent	Date	
If signing on bel	nalf of an entity:		
	y, Asst. Vice President		

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