F03000003055

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DEPARTMENT OF STATE
DIVISION OF CL. CELLAR
DIVISION OF CL.

15 MAR 27 AM 10: 58

SECRETARY OF STATE CORPORATION OF CORPORATION

RARDON8

CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 566038 7986760

AUTHORIZATION

COST LIMIT

ORDER DATE: March 26, 2015

ORDER TIME : 10:0 AM

ORDER NO. : 566038-015

CUSTOMER NO: 7986760

CHANGE OF AGENT

NAME:

AIA SOFTWARE NORTH AMERICA,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY

XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section Division of Corporations						
CHIDI	AIA SOFTWARE NORTH AMERICA, INC.					
SUBJECT: Name of Corporation						
DOCI	f03000003055 JMENT NUMBER:					
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:						
Kim Johnson						
Name of Contact Person						
	Kofax, Inc.					
	Firm/Company					
	15211 Laguna Canyon Road					
	Address					
	Irvine, CA 92618					
City/State and Zip Code						
	kim.johnson@kofax.com					
	E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:						
Kim J	ohnson 949 783-1569 at ()					
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 Street Address: Amendment Section Division of Corporations Clifton Building					
	Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301					

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

statement of chan	rovisions of sections 607.0502, 6 ge is submitted for a corporation	n organized under the laws of t	he State of DELAWARE	
	to change its registered office or ecorporation: AIA SOFTWARE	•	ne state of Fioriau.	
1. The name of th	6 S. Lakeside Dri	ive W. Suite 100 Medford N	LI 08055	
2. The principal o	ffice address: 6 S. Lakeside Dri	ve, v., oute 100, Medicia, 1		
3. The mailing ad	dress (if different):			
4. Date of incorpo	ration/qualification: 06192003	Document number	F03000003055	
5. The name and s	treet address of the current regis nent of State: (If resigned, enter	stered agent and registered offi-		
(T Corporation System			
1	1200 South Pine Island Road			
F	Plantation, FL 33324		2015 HAR 27	
6. The name and s (if changed):	street address of the new register	red agent (if changed) and /or r	egistered office	
-	Corporation Service Company			
•	201 Hays Street		59	
_	P.O. 1	Box NOT acceptable		
-	「allahassee	FL 3230) 1 ————	
The street address as changed will b	s of its registered office and the e identical.	street address of the business	office of its registered agent,	
Such change was authorized by the	authorized by resolution duly a board, or the corporation has b	dopted by its board of directo een notified in writing of the	rs or by an officer so change.	
(8h)	Will.	Bradford Weller, Dire		
I hereby accept the I further agree to performance of magent. Or, if this hereby confirm the	of an officer or director ne appointment as registered as comply with the provisions of a comply with the provisions of a complex with document is being filed merely at the corporation has been no Service Company	gent and agree to act in this co all statutes relative to the prop and accept the obligation of	õer and complete my position as registered	
If signing on behind Asst.	rtney Williams Vice President		vate	

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