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(City	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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Special Instructions to Filing Officer:				

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: March 7, 2017

Order#: 526827-004

Re: AZTEC SOFTWARE ASSOCIATES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Ashley Seeman

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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.

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

statement of cha	provisions of sections 607.0502, 617.050 inge is submitted for a corporation orga r to change its registered office or regist	nized under the la	rws of the State of New Jersey		
1. The name of t	the corporation: Aztec Software Associa	tes, Inc.			
2. The principal	office address: 51 Commerce Street, Se	ecound Floor, Sp	ringfield, NJ 07081		
3. The mailing a	ddress (if different):				
4. Date of incorp	poration/qualification: 10/02/2003	Document	number: F03000005008		
	I street address of the current registered a tment of State: (If resigned, enter resign				
	Incorp Services				
	17888 67th Court North		五 章 卫		
	Loxahatchee	FL	33470 REG THE D		
6. The name and (if changed):	I street address of the new registered age	nt (if changed) ar			
	Corporation Service Company				
	1201 Hays Street				
	P.O. Box NO	l'acceptable FL	32301		
	Tallahassee		32301		
The street address changed will	ess of its registered office and the street be identical.	address of the bu	isiness office of its registered agent,		
Such change wa authorized by th	as authorized by resolution duly adopted to board, or the corporation has been no	d by its board of otified in writing	directors or by an officer so of the change.		
Xie	. E. agnie	Jill Cilmi, Vice	President		
()	re of an officer or director		ed or typed name and title		
I further agree is performance of agent. Or, if the hereby confirm	the appointment as registered agent and comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to refit that the corporation has been notified in Service Company	utes relative to ti accept the obligat lect a change in t	ne proper and complete tion of my position as registered he registered office address. I		
By: Drac	· C-Kuble	March 3, 2017			
Sig	nature of Registered Agent		Date		
If signing on be	half of an entity:				
Grace E. Kirby,	Assistant Vice President				
T	yped or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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