Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone

: (850)205-8842

Fax Number

: (850)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

 Address:		

REGISTERED AGENT CHANGE EBAY INSURANCE SERVICES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

7/21/2015

7/21)2015 4:19:17 PM From: To: 8506176380(2/2) STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change is submitted for a co	17.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this orporation organized under the laws of the State of DE diffice or registered agent, or both, in the State of Florida.		
1. The name of the corporation: EBAY IN	• •		
2065 HAMILTON AVENUE SAN JOS			
3. The mailing address (if different):			
4. Date of incorporation/qualification: 0	5/05/2005 Document number: F05000002735		
5. The name and street address of the cur Florida Department of State: (If resign	rrent registered agent and registered office on file with the ned, enter resigned)		
NRAI SERVICES, INC.			
1200 South Pine Island R	Road Plantation, FL 33324		

6. The name and street address of the ne (if changed): C T Corporation System	w registered agent (if changed) and /or registered office		
c/o C T Corporation Syst	tem, 1200 South Pine Island Road		
	P.D. Box NOT acceptable		
Plantation, Florida 33324			
A //	ion duly adopted by its board of directors or by an officer so tion has been notified in writing of the change.		
	Jennifer Kurz, Vice-President		
I furthed derive to comply with the province of my duies, and I am fan	Printed or typed name and title ristered agent and agree to act in this capacity. isions of all statutes relative to the proper and complete miliar with and accept the obligation of my position as registered ed merely to reflect a change in the registered office address. I s been notified in writing of this change.		
By: (Tr. Corporation System	7/17/2014		
Signature of filegistered Agent	Alfred Younan		
If signing on behalf of an entity: As	sistant 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)