## F05000006247

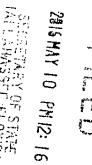
(Re	equestor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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MAY 1 2 2016 C. CARROTHERS

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

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida organized under the laws of the State of registered agent, or both, in the State of	Delaware	
1. The name of	the corporation: NEXANT, INC.			
2. The principa	l office address: 101 Second Street	, Suite 1000, San Francisco, CA 94105		
3. The mailing	address (if different):			
4. Date of incor	rporation/qualification: 10/26/2005	Document number: F05000	006247	
	nd street address of the current regis artment of State: (If resigned, enter	tered agent and registered office on file v resigned)	vith the	
	C T Corporation System		_	
	1200 South Pine Island Road		220	
	Plantation	FL 33324	2816 MAY	
6. The name an (if changed):	— — — — — — — — — — — — — — — — — — —	ed agent (if changed) and /or registered o	AY 10 PM 12: 1	
			- 10 Te	
P.O. Box NOT acceptable				
	Tallahassee	FL 32301	_	
The street addr	ress of its registered office and the	street address of the business office of i	its registered agent,	
Such change w	vas authorized by resolution duly a	dopted by its board of directors or by an een notified in writing of the change.		
Xie	Jill Cilmi, Vice President			
Signal	Signature of an officer or director Printed or typed name and title			
I furthér agrée performance o agent. Or, if ti hereby confirn	of the appointment as registered age to comply with the provisions of a fam duties, and I am familiar with this document is being filed merely in that the corporation has been not on Service Company	ent and agree to act in this capacity. ill statutes relative to the proper and con and accept the obligation of my position to reflect a change in the registered offi ified in writing of this change.	mplete n as registered ice address, I	
By: Dro	ignature of Registered Agent	04/28/2016	<del></del>	
If signing on b	ehalf of an entity:	Date		
Grace E. Kirby	y, Asst. Vice President			
	Typed or Printed Name			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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