

Division of Corporations Public Access System

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Division of Corporations

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Account Name : C T CORPORAT:
LAccount Number : FCA000000023

: C T CORPORATION SYSTEM

LAccount Num) Thone

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97.F

REGISTERED AGENT CHANGE

AMDOCS QPASS INC.

Certificate of Status

Certified Copy

Page Count

Estimated Charge

S35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of
tn order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Amdocs Opass Inc.
2. The principal office address: 2211 Ellion Avenue, Suite 400, Seattle, WA 98121
3. The mailing address (if different): 1390 Timberlake Manor Parkway, Chesterfield, MO 63017
4. Date of incorporation/qualification: 10/28/2005 Document number: F05000006333
The name and street address of the current registered agent and registered office on file with the Florida Department of State;
Corporation Service Company
1201 Hays Street
Tallahassoe, FL 32301-2525
Tallahassee, FL 32301-2525 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): CT Corporation System c/o CT Corporation System, 1200 South Pine Island Road (P.O. Ber NOT scoppible) Plantation, Florida 33324
CT Corporation System
c/o C T Corporation System, 1200 South Pine Island Road
(P.O. Bar NOT ecceptable)
Plantation, Florida 33324
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized have board, or the corporation has been notified in writing of the change.
John J. Horgen - Prest Sec
The convergence appointment as registered agent and agree to act in this capacity. If the right to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this accument is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
By: 2-2-67
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If signing on behalf of an entity:
John J. Linnihan - Aest, VP. (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 CR28045 (8405)

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