2017-05-25 08:40:14 CST

12122023573 From: Kimberly Laughrey

5/25/2017



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Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949

Fax Number : (512)418-6949 Fax Number : (954)208-0845

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

Email Address:

MAY 25 A L

REGISTERED AGENT CHANGE JAGGED PEAK, INC.

| Certificate of Status | 0 |
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T. LEMIEUX

Amendment Section

TO:

COVER LETTER

| DIVISIO | n or Corporations | | | |
|--|---|--|--|--|
| SUBJECT: | JAGGED PEAK, INC. | | | |
| | Name of Co | rporation | | |
| DOCUMENT I | NUMBER:F05000006523 | | | |
| The enclosed St | atement of Change of Registered Office | Agent and fee are submitted for filing. | | |
| Please return all | correspondence concerning this matter | to the following: | | |
| | Stevie Campbell | | | |
| | Name of Cont | act Person | | |
| | • | | | |
| | mpany | | | |
| 7650 W. Courtney Campbell Causeway, Suite 1200 | | | | |
| | Addre | ess | | |
| | Tampa, FL 33607 | | | |
| | City/State and | Zip Code | | |
| | salestax@jaggedpeak.com | | | |
| · | E-mail address: (to be used for fut | ture annual report notification) | | |
| For further infor | mation concerning this matter, please ca | 1 1: ' | | |
| Stevie Campbell | | 813 637-6900 x 233 | | |
| N | lame of Contact Person | Area Code & Daytime Telephone Number | | |
| Enclosed is a \$3: | 5.00 check made payable to the Departm | ent of State. | | |
| | Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301 | | |

CR2E045 (03/12)

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

| | e provisions of sections 607.0502, 617.050 utage is submitted for a corporation orga | - | | | |
|--|--|--|--|-------------------|---|
| | ler to change its registered office or regist | | | • | |
| 1. The name of | the corporation: JAGGED PEAK, INC. | | | | |
| 2. The principa | d office address: 7650 W. Courtney Campbe | ell Causeway, Suite | 1200 | | |
| 3. The mailing | address (if different): | | | | _ |
| 4. Date of incom | rporation/qualification: 11/08/2005 | Document n | umber: F0500000 | ¥6523 | _ |
| | nd street address of the current registered a artment of State: (If resigned, enter resigne | | d office on file wi | th the | |
| | Paul Demirdjian | | | | |
| | Waterford Plaza, 7650 W. COURTNBY C | AMPBELL CAUSE | WAY | | |
| | | ······································ | | | |
| 6. The name an (if changed): | d street address of the new registered ages | nt (if changed) and | /or registered off | ico | |
| | C T Corporation System | | A R | E T | |
| | c/o C T Corporation System, 1200 South P. | ine Island Road | S | 2 | |
| | P.O. Box NOT | acceptable | E c | <u>, m</u> | |
| | Plantation, Florida 33324 | | | | |
| The street addr as changed will | ess of its registered office and the street a loc identical. | address of the busi | iness office of its | registered agent, | |
| Such change wo authorized by the | as authorized by resolution duly adopted he board, or the corporation has been not | by its board of dir ified in writing of | ectors or by an o the change. | officer so | |
| Me | ure of an officer or director | Albert Narvades | | | |
| hereby accept further agree performance of agent. Or, if th hereby confirm | t the appointment as registered agent and to comply with the provisions of all state my duties, and I am familiar with and a its document is being filed merely to refle that the corporation has been notified in | | or typed come and uto its capacity, proper and comp in of my position registered office ange. | | |
| By: CYU | poration System | | 5/25/20 | 17 | |
| | chaif of an entity: Christine Kelm Assistant Secretary Voed or Printed Name | of CT Con | poration Sys | skm' | |
| • | * * * FILING FE | R: \$35.00 * * * | | | |

* * * FILING PEE: 232:00 * * *

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