******35.00

(Requestor's Name)	
(Address)	700317586377
(City/State/Zip/Phone #) PICK-UP WAIT MAIL	09/04/1801034022 +*35
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	SECRETARY OF STATALLAHASSEE, FL

Office Use Only



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: August 30, 2018

Order#: 369336-009

Re: JAGGED PEAK, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

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: Ami Casper c/o Corporation Service Company 251 Little Falls Drive 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.

OUCA.XCOA

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

-	provisions of sections 607.0502, 617.0502, unge is submitted for a corporation organiz				
in orde	r to change its registered office or register	ed agent, or bot	h, in the State	of Florida.	
1. The name of t	the corporation: JAGGED PEAK, INC.				
2. The principal	office address: 7650 W. Courtney Campb	ell Causeway,	Suite 1200, Ta	mpa, FL 33607	
					
3. The mailing a	address (if different):	<u> </u>			
4. Date of incorp	poration/qualification: 11/08/2005	Document	number: F050	00006523	
	d street address of the current registered ag- rtment of State: (If resigned, enter resigned		ed office on file	with the	
	C T Corporation System			_ ^3	
	1200 S. Pine Island Road			1	
	Plantation, FL 33324			201 SE	
6. The name and (if changed):	d street address of the new registered agent			REIVA CREIVA	,
	Corporation Service Company			SSE P	7
	1201 Hays Street			6 K)
P.O. Box NOT acceptable					
	Tallahassee	FL	32301		
The street addre	ess of its registered office and the street as be identical.	ldress of the bu	siness office o	f its registered agent	1.
Such change was authorized by th	as authorized by resolution duly adopted b ne board, or the corporation has been notif	y its board of d fied in writing o	irectors or by of the change.	an officer so	
Hell		Albert Narvades	s, Chief Financ	ial Officer	
Signatu	ire of an officer or director	Printe	d or typed name and	d htle	
I further agree to performance of agent. Or, if the hereby confirm	the appointment as registered agent and to comply with the provisions of all statute my duties, and I am familiar with and accided a statute is document is being filed merely to reflect that the corporation has been notified in Service Company	es relative to the cept the obligati ct a change in th	e proper and c ion of my posit ie registered o	tion as registered	
By: (ls,	mley	08/30/			
_	mature of Registered Agent		Date		
-	, Asst. Vice President				
T	yped 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)