F060000005103

(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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SECRE FACY OF STATE

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AUG 22 2018 ! ALBRITTON



CSC, - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: August 13, 2018

Order#: 334740-003

Re: MATRIX CONSULTING GROUP, LTD

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: Anthony Arthur 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.

QUCA.XCOA

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of CA registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: MATRIX CONSUL	TING GROUP, LTD D/B/A MATRIX C G INC.	
2. The principal	office address: 201 SAN ANTON	IIO CIRCLE, SUITE 148, MOUNTAIN VIEW, CA 94040	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 08/02/2006	Document number: F06000005103	
	street address of the current regis tment of State: (If resigned, enter i	tered agent and registered office on file with the resigned)	
	NRAI SERVICES, INC		
	1200 South Pine Island Road	FL 33324	
	Plantation	FL 33324	
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office. Corporation Service Company		
	Corporation Service Company	OFF TO	
	1201 Hays Street	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
		ox NOT acceptable	
	Tallahassee	FL 32301	
The street addre as changed will	ss of its registered office and the be identical.	street address of the business office of its registered agent.	
Such change wa authorized by th	s authorized by resolution duly ac e board, or the corporation has be	dopted by its board of directors or by an officer so ben notified in writing of the change.	
X u e	Coni	Jill Cilmi, Vice President	
Signatur	e of an officer or director	Printed or typed name and title	
I further agree t performance of a agent. Or, if thi hereby confirm i	o comply with the provisions of a my duties, and Lam familiar with	ent and agree to act in this capacity. Il statutes relative to the proper and complete and accept the obligation of my position as registered to reflect a change in the registered office address. I ified in writing of this change.	
By: Dr	re Cokubie	08/13/2018	
Sign	nature of Registered Agent	Date	
If signing on bel	nalf of an entity:		
Grace E. Kirby,	Assistant Vice President		
Ту	ped or Printed Name		

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

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