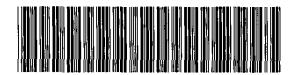
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SUFFICIENCY OF FILMIS

DEPARTURAL SERVICE STATE OF ST

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RA/RO/Ch8

CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 601805 4301701

AUTHORIZATION : Spelle Man

COST LIMIT : \$35.00

ORDER DATE : April 23, 2015

ORDER TIME : 8:02 AM

ORDER NO. : 601805-005

CUSTOMER NO: 4301701

CHANGE OF AGENT

NAME: SINGLE ENTRY SYSTEMS, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Lydia Cohen

EXAMINER'S INITIALS:

COVER LETTER

TO: Amendment Section Division of Corporations						
SUBJ	SINGLE ENTRY SYSTEMS, INC.					
5050	Name of Corporation					
DOCI	F06000005429 JMENT NUMBER:					
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
	Maria Long					
	Name of Contact Person					
Corporation Service Company						
Firm/Company						
	801 Adlai Stevenson Drive					
Address						
Springfield IL 62703						
	City/State and Zip Code					
	compliancemail@cscglobal.com					
	E-mail address: (to be used for future annual report notification)					
For fu	ther information concerning this matter, please call:					
Maria	Long 800 927-9801 at ()					
	Name of Contact Person at () Area Code & Daytime Telephone Number					
Enclos	ed is a \$35.00 check made payable to the Department 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 Tallahassee, FL 32301					

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

statement of ch	e provisions of sections ange is submitted for a	corporation organiz	ed under the la	ws of the State of _	New York	
	er to change its registe		•	th, in the State of F	lorida.	
1. The name of	the corporation: SING	_E ENTRY SYSTEM	IS, INC.			
2. The principa	l office address: 600 Co	ommunity Drive, Mar	nhasset, New Y	ork 11030		
3. The mailing	address (if different):					
4. Date of incor	poration/qualification:	08/18/2006	Document	number:	05429	
	d street address of the continuent of State: (If resi			ed office on file wit	th the	
	OLIVIER, LYLE					
	10533 Broadland Pas	38	· · · · ·		. 0	
	Thonotosassa, FL 33	592			SIBS I	SECF
6. The name and (if changed):	d street address of the n	new registered agent ((if changed) and	d /or registered offi	2015 APR 24	E TARY OF
	Corporation Service	Company	<u> </u>		7 S	5957 F STA
	1201 Hays Street				9. 0.5	
	Tallahassee	P.O. Box NOT acc	ceptable FL	32301	O,	•
The street addreas changed will	ess of its registered off be identical.	ice and the street ad	dress of the bu	siness office of its	registered agent,	
Such change was authorized by the	as authorized by resolute board, or the corpor	tion duly adopted by ation has been notification	y its board of d led in writing o	irectors or by an or f the change.	fficer so	
Signate	re of an officer or director	3/30/15		, President		
performance of agent. Or, if the hereby confirm Corporation	the appointment as re to comply with the pro- my duties, and I am fa is document is being fi that the corporation h on Service Compan	visions of all statute imiliar with and acci led merely to reflect as been notified in w	s relative to the ept the obligati	e proper and comp on of my position of a registered office	as registered	
By: m.	mature of Registered Agent	} -	4/24/	Date Date		
If signing on be		Emily Gray Vice President				
T	yped or Printed Name					

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