Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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(((H140001802193)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (650) 222-1092 Fax Number : (850)878-5368

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

Email Address:

REGISTERED AGENT CHANGE STREAM GLOBAL SERVICES-US, INC.

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Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

https://efile.sunbiz.org/scripts/efilcovr.exe

COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJI	Stream Global Services-US, Inc.					
5020.	Name of Corpor	ation				
DOC	F07000006052 JMENT NUMBER:					
The en	closed Statement of Change of Registered Office/Ago	ent and fee are submitted for filing.				
Please	return all correspondence concerning this matter to the	ne following:				
Name of Contact Person						
	Firm/Company					
	i in a compa	,				
	Address					
	City/State and Zi	Code				
	E-mail address: (to be used for future	annual report notification)				
For fu	rther information concerning this matter, please call:					
	at	()				
`	Name of Contact Person	Area Code & Daytime Telephone Number				
Enclos	sed is a \$35.00 check made payable to the Department	t of State.				
	Mailing Address: Amendment Section	Street Address: Amendment Section				
	Division of Corporations	Division of Corporations				
	P.O. Box 6327	Clifton Building				
	Tallahassee, FL 32314	2661 Executive Center Circle				
		Tallahassee, FL 32301				

CR2E045 (03/12)

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

	•)2, 607.1508, or 617.1508, Fi nized under the laws of the St		
•	=	, ,	ered agent, or both, in the St	• • • • • • • • • • • • • • • • • • • •	
1. The name of	the corporation: Stream	n Global Services-U	S, Inc.		
2. The principa	office address: 20 WI	LLIAM STREET SU	JITE 310 WELLESLEY, MA	02481	
3. The mailing	address (if different):_				
4. Date of inco	rporation/qualification	12/11/2007	Document number: _F(07000006052	
	ed street address of the artment of State: (If res		igent and registered office on ed)	file with the	
	CORPORATION SEA	RVICE COMPANY			
	1201 HAYS STREET				
	TALLAHASSEE, FL	32301			
6. The name ar (if changed):		new registered age	nt (if changed) and /or registe	ered office	
	C T Corporation Syste	em			
	c/o C T Corporation S	ystem, 1200 South F	ine Island Road	26	
	Mark to the second seco	P.O. Box NO	Tacceptable		
	Plantation, Florida 33:	324			
_			address of the business offic		
Such change wanthqrized by	vas authorized by resol the board, or the corpo	lution duly adopted tration has been no	l by its board of directors or tilled in writing of the chang	by an officer so ge.	
KIN	A Doll	/	Kristin Bolden, Vice Preside		
Signa	we of an olseer or director		Printed or typed name	e and title	
I hereby accep I further agree performance o agent. Or, if it hereby confift	it the appointment as r to comply with the pr f my duties, and I am j his document is being n that the corporation	egistered agent an ovisions of all stat familiar with and a filed merely to refi has been notified i	d agree to act in this capaci utes relative to the proper at accept the obligation of my p ect a change in the registere n writing of this change.	ty. nd complete osition as registered ad office address, I	
By:	a maillour		7/29/14		
	gnature of Registered Agent		Date		
If signing on b	ehalf of an entity:				
	, Assistant Secretary				
C T Corporatio	Typed or Printed Name in System	* * * FILING FE	E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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