Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H170001328803)))



H170001328803ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (512)418-6949 Fax Number : (954)203-0845

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

mail Address:

REGISTERED AGENT CHANGE REACHLOCAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

MAY 16 2017

R. WHITE

Electronic Filing Menu

Corporate Filing Menu

Help

437

COVER LETTER

TO:	Amendment Section Division of Corporations	
ŚUBJ	REACHLOCAL, INC.	
3020	Name of	Corporation.
DOCI	F08000000444 UMENT NUMBER:	
The en	aclosed Statement of Change of Registered Offi	ice/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matt	er to the following:
	Jenniser Ehlert Name of Co	ontact Person
	Gannett Co., In Firm/C	C.
	This	······································
	7950 Jones Bra Ad	nch Dr.
	Au	mas
	McLean, VA 2. City/State 8	2107
	City/State a	and Zip Code
	IEHLER T@gar E-mail address: (to be used for	nnett.com future annual report notification)
For fur	ther information concerning this matter, please	call:
To	odd M. Aman Name of Contact Person	at (703) 854-6264 Area Code & Daytime Telephone Number
	ed is a \$35.00 check made payable to the Depa	rtment of State.
	Malling Address: Amendment Section	Street Address: Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	Clifton Building 2661 Executive Center Circle
	Tallahassee, FL 32314	Tallahassee, FL 32301

CR2E945 (03/12)

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

statement of ch	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statt unge is submitted for a corporation organized under the laws of the State of <u>Dela</u> ler to change its registered office or registered agent, or both, in the State of Flori	ware	
1. The name of	the corporation: REACHLOCAL, INC.		
2. The principa	al office address: 21700 Oxnard Street, Suite 1600, Woodland Hills, CA 91367		
3. The mailing	address (if different):		
4. Date of incom	rporation/qualification: 01/31/2008 Document number: F0800000044	4	
	nd street address of the current registered agent and registered office on file with thatment of State: (If resigned, onter resigned)	he	
	CORPORATION SERVICE COMPANY		
	1201 HAYS STREET		17
	TALLAHASSEE, FL 32301-2525	· #	
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office	ن ن	on Er
	C T Corporation System	هو ي د	ńο
	c/o C T Corporation System, 1200 South Pine Island Road	445	$\bar{\sim}$
	P.O. Box NOT acceptable		
	Plantation, Florida 33324		
as changed will Such change we authorized by t	ess of its registered office and the street address of the business office of its registered. But authorized by resolution duly adopted by its board of directors or by an office he board, or the corporation has been notified in writing of the change. Elizabeth A Allen Secretary are of an officer or the corporation.		
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete my duiles, and I am familiar with and accept the obligation of my position as r is document is being filed merely to reflect a change in the registered office ad- that the corporation has been notified in writing of this change:	e tegistered dress, I	
By:	tor tion System 05-15-17		
	mature of Registered Agent Date	\ <u></u>	
If signing on be	chalf of an entity:		
	s Rickard		
7	yped or Frinted 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)