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## REGISTERED AGENT CHANGE SERVICESOURCE DELAWARE, INC.

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11/18/2014

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

statement of char	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this age is submitted for a corporation organized under the laws of the State of Delaware
<del></del>	to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the	ne corporation: SERVICESOURCE DELAWARE, INC.
2. The principal of	office address: 634 2ND ST. SAN FRANCISCO CA 94107
3. The mailing ac	idress (if different):
4. Date of incorp	oration/qualification: 04/23/2008 Document number: F08000001834
	street address of the current registered agent and registered office on file with the iment of State: (If resigned, enter resigned)
	CORPORATION SERVICE COMPANY
	1201 HAYS STREET TALLAHASSEE, FL 32301-2525
	TALLAHASSEE/FL/32301-2525
6. The name and (if changed):	street address of the new registered agent (if changed) and for registered office
	C T Corporation System
	c/o C T Corporation System, 1200 South Pine Island Road
•	P.O. Box NOT acceptable
-	Plantation, Florida 33324
The street addresses changed will	ss of its registered office and the street address of the business office of its registered agent be identical.
	s authorized by resolution duly adopted by its board of directors or by an officer so board of the corporation has been notified in writing of the change.
	Eleanor Puls Vice President
-	e of an afficer or director Primed or typed name and title
I hereby accept to I further agree to performance of the agent. Or, if this hereby confirm to	the appointment as registered opent and agree to act in this capacity. o comply with the provisions of all statutes relative to the proper and complete my dulies, and I am fapillar with and accept the obligation of my position as registered of document is being fised merely to reflect a change in the registered office address, I hat the curpolation has been notificatin writing of this change.
By: 1 T Cop	protion System 1 / 10
Sign	cture of Registered Agent Date
If signing on beh	
	: SPECIAL ASST. SECRETARY
Ту	ped or Printed Name
	* * * FILANG FEE: \$35.00 " * *

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MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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