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(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

Ashley Seeman ashley.seeman@cscglobal.com From:

November 20, 20**17** Date:

Order#: 921993-010

MOVOTO, INC. Re:

Enclosed please find:

XX Change of Registered Agent and Office.
XX Check in the amount of \$35.00.

Please take the following action:

 $\frac{XX}{XX}$ File in your office on a routine basis. $\frac{XX}{XX}$ Issue Proof of Figure 7.

XX Please return evidence to the following:

Attn: Ashley Seeman 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

Pursumt to the t	provisions of sections	607.0502, 617.0502. 607.1508, or 617.1508, Florida Statutes, this	
statement of char	nge is submitted for a	corporation organized under the laws of the State of California	
in order	to change its regist e	red office or registered agent, or both, in the State of Florida.	
1. The name of t	he corporation: MOV	PTO, INC.	
The principal	office address. 1900	S. Norfolk Street, Suite 310, San Mateo, CA 94403	
z. The principal	omee address		
3. The mailing a	ddress (if different):	O Box 5826, Redwood City, CA 94063	_
4. Date of incorp	ooration/qualification	05/30/2008 Document number: F08000002421	
5. The name and	street address of the	current registered agent and registered office on file with the general genera	
	Cogency Global Inc		
	115 North Calhoun	St., Suite 4 FL 32301 FL 32301	7
	Tallahassee	FL 32301 22 1	
6. The name and (if changed):	street address of the Corporation Service	new registered agent (if changed) and /or registered office	
	1201 Hays Street Tallahassee	P.O. Box NOT acceptable FL 32301	
as changed will	be identical.	ffice and the street address of the business office of its registered agent.	
Such change was authorized by th	as authorized by res o ne board, or the corp	lution duly adopted by its board of directors or by an officer so fration has been notified in writing of the change.	
X	السرك كريس	Jill Cilmi, Vice President	
- 7	ne of an officer or director	Printed or typed name and title	
hereby confirm	the appointment as to comply with the print of the the corporation on Service Company	registered agent and agree to act in this capacity. Tovisions of all statutes relative to the proper and complete Jamiliar with and accept the obligation of my position as registered Jiled merely to reflect a change in the registered office address, I Jhas been notified in writing of this change.	
By: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	, r. 7 okub	11/20/2017	
	nature of Registered Agent	Date	
If signing on be	chalf of an entity:		
Grace E. Kirby	, Assistant Vice Pres	ident	
1	yped or Printed Name	* * * FILING FEE: \$35.00 * * *	
M CR2E045 (03/12)	MAKE CHEC IAIL TO: DIVISION OF	S PAYABLE TO FLORIDA DEPARTMENT OF STATE CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314	