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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 253389 4331120				
AUTHORIZATION :				
COST LIMIT : \$ 35.00				
ORDER DATE : June 12, 2018				
ORDER TIME : 1:33 PM				
ORDER NO. : 253389-010				
CUSTOMER NO: 4331120				
CHANGE OF AGENT				
NAME: LIQUIDHUB, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY XX PLAIN STAMPED COPY				
CONTACT PERSON: Emily Croft				

EXAMINER'S INITIALS:

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

statement of	change is submitted for a corporation org	1502, 607.1508, or 617.1508, Fiorida Statute ganized under the laws of the State of <mark>Delaw</mark> istered agent, or both, in the State of Florida	/are
	of the corporation: LiquidHub, Inc.	, , , , , , , , , , , , , , , , , , , ,	
	pal office address: 500 E. Swedesford Ro	pad, Sulte 300, Wayne, PA 19087	
3. The mailin	g address (if different):		
4. Date of inc	orporation/qualification: 07/25/2008	Document number: F08000003294	<u> </u>
5. The name a Florida De	and street address of the current registered partment of State: (If resigned, enter resig	dagent and registered office on file with the ned)	
	Northwest Registered Agent, LLC		
	33607		
	Tampa	FL	; ,
6. The name a (if changed)	nd street address of the new registered ag	ent (if changed) and for registered office	
	Corporation Service Company	-	် ယ
	1201 Hays Street		
	P.O. Box NO Tallahassee	T acceptable FL 32301	7: 5
•		t address of the business office of its registed by its board of directors or by an officer softified in writing of the change.	
Signe	ture of an officer or director	Eve Bolkin, Assistant Secretary	
I hereby accep I further agree performance o agent. Or, if it hereby confirm Corporation By:	of the appointment as registered agent are to comply with the provisions of all state of my duties, and I am familiar with and this document is being filed merely to refer that the corporation has been notified to Service Company	Printed or typed name and title and agree to act in this capacity. It is relative to the proper and complete accept the obligation of my position as registered a change in the registered office address in writing of this change.	stered ss, I
	enature of Residered Agent ehalf of an entity: Emily Croft	Date	·
η	yped or Asst: Vice President		
	* * * FILING FE	£: \$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)