

## Florida Department of State

Division of Corporations Public Access System

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.

(((11090002115563)))



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

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name

: CORPORATION SERVICE COMPANY

Account Number: 120000000195

Phone Fax Number : (850)521-1000

(850) 558-1575



## REGISTERED AGENT CHANGE

CONVIO, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

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

statement of char		607.1508, or 617.1508, Florida Statutes, this ed under the laws of the State of Delaware agent, or both, in the State of Florida.	_
I. The name of th	ne corporation: CONVIO, INC.		
2. The principal o			
6607 Cam	den Bay Dr. #301, Tampa, FL 3	33635	
	dress (if different):	TX 78758	
4. Date of incorpo	oration/qualification: 07/28/2008	Document number: FO8000003327	
5. The name and Florida Depart	street address of the current registered ages ment of State:	at and registered office on file with the	•
	CT Corporation System		邑
	1200 South Pine Island Road		99
	Plantation, FL 33324		<u>ئىد</u> —
(if changed):	street address of the new registered agent ( Corporation Service Company	(if changed) and /or registered office	28B GCT   AM 11: 38
·	1201 Hays Street		÷ 🕉
-	(P.O. Box NOT acceptable)		
-	Tallahassee, FL 32301		
The street addres	ss of its registered office and the street ad ne identical.	dress of the business office of its registered age	nt,
Such change was authorized by the	s authorized by resolution duly adopted be board, or the corporation has been notified.	y its board of directors or by an officer so ned in writing of the change.	
Thu (Signature	e of an officer or director)	Maureen Cullen, Attorney in Fact	
I hereby accept to I further agree to of my duties, and document is bein corporation has	he appointment as registered agent and a comply with the provisions of all statute I I am familiar with and accept the obliga is filed merely to reflect a change in the r been notified in writing of this change. on Service Company	agree to act in this capacity. Is relative to the proper and complete performa ation of my position as registered agent. Or, if registered office address, I hereby confirm that	nce this the
Since Cake	Myron	September 28, 2009	
	nature of Registered Agent)	(Date)	
If signing on beh	•		
Sylvia Quepț	pet, Asst. VP		
(1)	* * * FILING FEE:	: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CK2E045 (8/05)