

06/04/2019 13:12

P.001/003

6/4/2019

Division of Corporations

Florida Department of State
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.

(((H19000176947 3)))



H190001769473ABCB

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 : URS AGENTS LLC
Account Number : I20150000127
Phone : (800)567-4397
Fax Number : (800)567-4398

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

Email Address: brent.rees@agreeya.com

REGISTERED AGENT CHANGE
AGREEYA SOLUTIONS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$35.00

RECEIVED

2019 JUN -4 AM 7:52

2019 JUN -4 AM 9:43

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

C. GOLDEN

JUN - 5 2019

(((H19000176947 3)))

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: AGREEYA SOLUTIONS, INC.

Name of Corporation

DOCUMENT NUMBER: F08000003999

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brent Rees

Name of Contact Person

AGREEYA SOLUTIONS, INC.

Firm/Company

605 Coolidge Dr Suite 200

Address

FOLSOM, CA 95630

City/State and Zip Code

brent.rees@agreeya.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Clark

Name of Contact Person

at 800 567-4397

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(((H19000176947 3)))

(((H19000176947 3)))

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of CALIFORNIA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: AGREEYA SOLUTIONS, INC.
2. The principal office address: 605 Coolidge Dr Suite 200 FOLSOM, CA 95630
3. The mailing address (if different): 605 Coolidge Dr Suite 200 FOLSOM, CA 95630
4. Date of incorporation/qualification: 09/15/2008 Document number: F08000003999
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Corporation Service Company

1201 Hays Street

Tallahassee, FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

URS AGENTS, LLC

3458 LAKESHORE DRIVE

P.O. Box NOT acceptable

TALLAHASSEE, FL 32312

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Sanjay Khosla
Signature of an officer or director

Sanjay Khosla, Vice President

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Kathy Clark
Signature of Registered Agent

6/3/2019

Date

If signing on behalf of an entity:

Kathy Clark, Assistant Secretary

Typed or Printed 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)

(((H19000176947 3)))

2019 JUN -4 AM 9:43

FILED