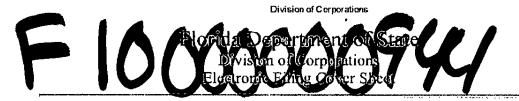
1/4/2017



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Email Address:_

N-t ANGLE

DEPARTMENT (A. STATE) PSTON OF CUNFORAFION ALL AHASSEE, FLURIDA

REGISTERED AGENT CHANGE INTERACTIVE RESPONSE TECHNOLOGIES, E

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JAN 0 5 2016

T. LEWIS IX

1/1

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

-	provisions of sections 607.0502, (nge is submitted for a corporation		•
in order	r to change its registered office of	r registered agent, or both, ir	
1. The name of t	he corporation: Interactive Respon	sc Technologies, Inc.	
2. The principal	office address: 200 Central Ave, 5	h Floor, St. Petersburg, FL 337	701
3. The mailing a	ddress (if different): 200 Central A	.ve, 5th Floor, St. Petersburg, F	°L 33701
4. Date of incorp	poration/qualification: 02/22/2010	Document num	ber: F10000000944
	street address of the current regi tment of State: (If resigned, enter		ffice on file with the
	NRAI Services, Inc.		
	1200 South Pine Island Road		
	Plantation, FL 33324		<u> </u>
6. The name and (if changed):	street address of the new register	red agent (if changed) and /or	r registered office.
	C T Corporation System		SSE
	1200 South Pine Island Road		
	P.O. Plantation, Florida 33324	HOM NOT acceptable	D. 28
The street addre	ss of its registered office and the be identical.	street address of the busine	ess office of its registered agent,
	s authorized by resolution duly reboard, or the corporation has b		
	NUL	-	President & Secretary
	or the officer or director		yped name and fille
I hereby accept i I further agree to performance of i agent. Or, if this hereby agnifrm t	the appointment as registered on o comply with the provisions of a my duties, and I am familiar with s document is being filed merely that the corporation has been no	ient and ugree to act in this all statutes relative to the pr and accept the obligation of to reflect a change in the re tifled in writing of this chan	cupacity. oper and complete of my position as registered gistered office address, I ge.
Boril H 1)	1. VI HOLCO	01/04/2012	
High	eture of Registered Agent	01/04/2017	Date
lf signing on bet	nalf of an entity:		
	en, Assistant Secretary ped or Printed Nume		

* * * 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)