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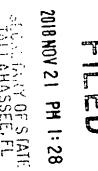
(1	Requestor's Name)					
(Address)						
(Address)						
((City/State/Zip/Phone #)					
PICK-UP	MAIL MAIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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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

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: November 19, 2018

Order#: 478742-010

Re: AXON ENTERPRISE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX ___ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Anthony Arthur

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

statement of ch	provisions of sections 607.0502, 617 ange is submitted for a corporation o er to change its registered office or re	rganized under the la	iws of the State of	DELAWARE		
1. The name of	the corporation: AXON ENTERPRIS	E, INC.				
	l office address: 5TH STREET SCOTTSDALE AZ 85:	255				
3. The mailing	address (if different): 17800 N. 85TH	STREET SCOTTS	DALE AZ 85255			
4. Date of incor	Pate of incorporation/qualification: 03/25/2010 Document number: F10000001499					
	d street address of the current registe artment of State: (If resigned, enter re-		red office on file	with the		
	FUQUA HARRY M			_		
	4450 LAFAYETTE STREET			2018		
	MARIANNA	FL	32447	INDV 2		
6. The name an (if changed):	d street address of the new registered	agent (if changed) ar	nd /or registered o			
	Corporation Service Company			-: 2 STAT E.F.L		
	1201 Hays Street			6 6		
	P.O. Box NOT acceptable Tallahassee FL 32301		_			
	ress of its registered office and the st l be identical. ras authorized by resolution duly add the board, or the corporation has bee					
\sim		Jill Cilmi		Vice President		
Signat	2 Concie ure of an officer or director	Print	ted or typed name and t	title		
I further agree performance of agent. Or, if th hereby confirm	t the appointment as registered agen to comply with the provisions of all f my duties, and I am familiar with a his document is being filed merely to a that the corporation has been notifi on Service Company	statutes relative to the nd accept the obliga- reflect a change in t	he proper and co tion of my positio he registered off	on as registerea		
Cy. A LM	gnature of Registered Agent		Date			
If signing on be	chalf of an entity:					
	, Assistant Vice President					
٦	Typed or Printed Name	inni oseaa 275				
	* * * FILING	; FEE: \$35.00 * * *				