## F1000001963

(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
. (City.	/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
		,		

Office Use Only



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SECRETARY OF STATE

AUG 1 7 2016

G. CARROTHERS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: August 3, 2016

Order#: 236712-010

Re: CALIX, 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: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 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, 617.050 ange is submitted for a corporation organ er to change its registered office or registe	ized under the la	ws of the State of DE	<u> </u>	
1. The name of	the corporation: CALIX NETWORKS, IN	C.			
2. The principa	l office address:				
3. The mailing	address (if different):				
4. Date of incor	poration/qualification: 04/26/2010	Document	number: F10000001	1963	
5. The name an	d street address of the current registered a rtment of State: (If resigned, enter resigne	gent and register			
	NATIONAL CORPORATE RESEARCH	H,LTD.,INC.			
	115 NORTH CALHOUN ST., Suite 4				
	Tallahassee	FL	32301		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  Corporation Service Company					
	1201 Hays Street			AND A	
	Tallahassee	FL	32301	OF STA	
	ess of its registered office and the street lbe identical.			egistered agent,	
Such change w authorized by t	as authorized by resolution duly adopted he board, or the corporation has been no	by its board of tified in writing	directors or by an off of the change.	icer so	
		Dona Priebe,	Vice President		
I further agree performance of agent. Or, if the hereby confirm	the appointment as registered agent and to comply with the provisions of all state of my duties, and I am familiar with and a his document is being filed merely to reflect that the corporation has been notified in Service Company	d agree to act in utes relative to th ccept the obliga ect a change in t n writing of this	he proper and comple tion of my position as he registered office a	s registered	
By: Line	gnature of Registered Agent	07/29/2016	Date		
	chalf of an entity:				
Grace E. Kirby					
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)