Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (

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R. T.

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

Email Address:_____

AUG - 2 PH 2: 14

REGISTERED AGENT CHANGE TIO NETWORKS USA INC.

Certificate of Status	0
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Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

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To:

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

statement of change is submitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this poration organized under the laws of the State of Washington office or registered agent, or both, in the State of Florida.
1. The name of the corporation: TIO Networ	First Street, San Jose, CA 95131
2. The principal office address:	. 7.0. 64.00, 64. 75. 75. 75.
3. The mailing address (if different): C'o Coi	rporate Legal Department, 2211 North First Street, San Jose, CA 9513!
Date of incorporation/qualification: 5/28	/2010 Document number: F10000002504
5. The name and street address of the currer Florida Department of State: (If resigned	nt registered agent and registered office on file with the , enter resigned)
NRAI SERVICES, INC	7
1200 South Pine Island Rose	d Plantation, FL 33324
 The name and street address of the new r (if changed): C T Corporation System 	registered agent (if changed) and /or registered office
c/o C T Corporation System	, 1200 South Pine Island Road
	P.O Box NOT occeptible
Plantation, Florida 33324	
-	duly adopted by its board of directors or by an officer so has been notified in writing of the change. Jessica Hale, Secretary
Signature of an officer or cirector	Jessica Hale, Secretary Printed or typed name and title
ior day congit in tigat the con portuiton has be	ered agent and agree to act in this capacity. Ons of all statutes relative to the proper and complete Our with and accept the obligation of my position as registered Our merely to reflect a change in the registered office address, I Deen notified in writing of this change.
By: C T Corpotation System	7/27/2017
Signature of R. gistered Agent	Dute
f signing on behalf of an entity:	
Cristle Myers	
Typed or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (03/12)