Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 (512) 418-6949

(954)208-0845

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

Email Address:

REGISTERED AGENT CHANGE ANGIE'S LIST, INC.

Certificate of Status	0
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Corporate Filing Menu

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COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	ANGIES LIST, INC.
	Name of Corporation
DOCU	F1000C003154 MENT NUMBER:
The en	closed Statement of Change of Registered Office/Agent and fee are submitted for filling.
Please	return all correspondence concerning this matter to the following:
	Jessica Hale
	Name of Contact Person
	CT Corporation System
	Firm/Company
	818 W 7th Street, Suite 930
	Address
	Lox Angeles, CA 90017
	City/State and Zip Code
	kristin.biown@homeudvisor.com
	E-mail address: (to be used for future annual report notification)
Por fur	ther information concerning this matter, please call:
Jessica	Hale 213 337-4611
	Name of Contact Person 213 337-4611 Area Code & Daytime Telephone Number
Enclos	ed 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

CR2E045 (03/12)

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

	ange is submitted for a corporation orgi er to change its registered office or regi	· · · · · · · · · · · · · · · · · · ·			
1. The name of	the corporation: ANGIES LIST, INC.				
2. The principal	office address: 1030 E WASHINGTON	N STREET, INDIANAPOLIS, IN 46202			
3. The mailing a	address (if different):				
4. Date of incor	poration/qualification: 07/12/2010	Document number: F10000003	3154		
5. The name and Florida Depar	d street address of the current registered riment of State: (If resigned, enter resign	agent and registered office on file with ned)	h the		
	CORPORATION SERVICE COMPANY	<i>t</i> .			
	1201 HAYS STREET				
	TALLAHASSEE, FL 32301		₹.s.	غبس	
6. The name and (if changed):	d street address of the new registered ag	•		7 DEC 18	•
	C T Corporation System	· · · · · · · · · · · · · · · · · · ·	· · · · ·		:
	e/o C T Corporation System, 1200 South			AH II:	7
	P.O Box NO Plantation, Fforida 33324)T acceptable		: 03	
	ess of its registered office and the stree be identical. Is authorized by resolution duly adopte the board, or the corporation has been no			gent,	
admonized by in	-n/ n	•			
Eigratu	re of an officer of affector	Jessica Hale, Secretary Printed or typed name and title		_	
I hereby accept I further agree to performance of agent. Or, if thi hereby confirm	the appointment as registered open and comply with the provisions of all stammy duties, and I am familiar with and is document is being filed merely to refet the company of the company o	nd agree to act in this capacity, tutes relative to the proper and compi accept the obligation of my position a flect a change in the registered office in writing of this change.	lete is registered address, f		
By: C T Cou	Sorglion System 1 Lla Millar	12/14/2017			
Sigr	Misse of Registery Agent	Date		_	
f signing on bel	half of an entity:				
Cristie Myers, As					
Tỳ	ped or Printed Name	7P C1C00+4+			
	* * * FILING F	5 n : 00.6c6 : 4c			

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

CR2E045 (03/12)