3573 From: Kimberly Laughrey

## Florida Department of State

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Division of Corporations

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## REGISTERED AGENT CHANGE SUGARCRM INC.

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## **COVER LETTER**

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Division of Corporations  Division of Corporations  Division of Corporations					
P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle					

Tallahassee, FL 32301

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Status statement of change is submitted for a corporation organized under the laws of the State of Califer in order to change its registered office or registered agent, or both, in the State of Florida.	ornia	
1. The name of the corporation: SUGARCRM INC.		
2. The principal office address: 10050 N WOLFE RD SW2-130, Cupertino, CA 95014		
3. The mailing address (if different):		
4. Date of incorporation/qualification: 03/31/2011 Document number: F11000001410	0	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	e	
Incorp Services Inc		
17888 67th Ct N.		
Loxahatchee, FL 33470	+.q¹	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):		17 H/Y
C T Corporation System	.a. di	in days
c/o C T Corporation System, 1200 South Pine Island Road		
P.O Box NOT acceptable Plantation, Florida 33324		9: 07
The street address of its registered office and the street address of the business office of its registered as changed will be identical.	istered ag	gent,
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board, or the corporation has been notified in writing of the change.	er so	
Denise Bell, Vice President Signature of an officer or director  Printed or typed name and tiffe		_
I hereby accept the appointment as registered ayent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as reagent. Or, if this document is being filed merely to reflect a change in the registered office additional hereby confirm that the corporation has been notified in writing of this change.	UGISTUPPA	i
By: Signature of Registered Agent Date		
If signing on behalf of an entity:		
Hiedi M. Liesch, Asst. Secretary  Typed 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)