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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3333

Fax Number : (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:	
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REGISTERED AGENT CHANGE CVIDYA NETWORKS, INC.

Certificate of Status	0
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Page Count	03
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S. TALLENT

NOV 1 5 2016 11/11/2016

COVER LETTER

TO:	Amendment Section Division of Corporations
SUBJ	CVIDYA NETWORKS, INC. ECT: Name of Corporation
DOC	F11000001932 JMENT NUMBER:
	iclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	MANDY DUONG
	Name of Contact Person
	CVIDYA NETWORKS, INC.
	Firm/Company
	1390 TIMBERLAKE MANOR PARKWAY, STE 100
	Address
	CHESTERFIELD, MO 63017
	City/State and Zip Code
	MANDYD@AMDOCS.COM
	E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
MANE	DY DUONG 314 212-7471
· · · · · · · · · · · · · · · · · · ·	Name of Contact Person 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 Street Address: Amendment Section Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

CR2E045 (03/12)

BIG - DEPRIME TWISTON Flower Chaires

P.O. Box 6327

Tallahassee, FL 32314

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

PMM	1. The name of the corporation. CVIDYA NETWORKS, INC. 950 South Pine Island Road, Suite A LSO, Phononico, Et. 33324
	2. The principal office address: 950 South Pine Island Road, Suite A150, Plantation, FL 33324
	3. The mailing address (if different): 1390 Timberlake Manor Pkwy, Ste 100, Chesterfield, MO 63017
	4. Date of incorporation/qualification: 05/05/2011 Document number: F11000001932
	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)
	Sairys Rodriguez
	8211 West Broward Blvd, Ste 460
	Plantation, FL 33324
	6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
	C T Corporation System
	1200 South Pine Island Road
	P.O. Bux NOT acceptable Plantation, Florida 33324
	The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
	Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.
	MICHAEL SAEGER - SECRETARY Substitute of an office for director Stack Printed or typed name and title
	Thereby accept the appointment as registered agent 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 registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
er pelelenile.	C T Corporation System Angel Shearer By NSC Assistant Secretary Signature of Registered Agent Date
	If signing on behalf of an entity:

* * * 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)