Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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)289-3338 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:

REGISTERED AGENT CHANGE FIDESSA CORPORATION

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Corporate Filing Menu

Help

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

statement of cl	e provisions of sections 607.0502, 617.050 lange is submitted for a corporation organ ler to change its registered office or regist	rized under the laws of the State	of Delaware	
1. The name of	f the convorution: Fidessa Corporation			
2. The principal office address: 70 Fludson St. 5th Floor, Jersey City, NJ 07302				
3. The mailing	address (if different):			
4. Date of inco	orporation/qualification: 09/27/2011	Document number: F11	000003905	
	nd street address of the current registered a artment of State: (If resigned, enter resigne		le.with the	
	CORPORATION SERVICE COMPANY			
	1201 HAYS ST		23	
	TALLAHASSEE, FL 32301			
6. The name a (if changed)	nd street address of the new registered age : C T Corporation System	nt (if changed) and /or registere	d office:	
		No. Island Dead		
	c/o C T Corporation System, 1200 South F			
	Plantation, Florida 33324	·		
	iress of its registered office and the street II be identical. was authorized by resolution duly adopted the board, or the corporation has been no			
	and your openion and over the	ALEX TRIPLETT, I		
	hire of an officer or director	Printed or typed name a		
I further agree performance of agent. Or, if t hereby confirm	of the appointment as registered agent an e to comply with the provisions of all stat of my dufies, and I am familiar with and a his document is being filed merely to refl n that the corporation has been notified i	utes relative to the proper and	complete ition as registered office address, I	
C T C By:	orporation System Danise Bell	09/16/2019		
	ignature of Registered Agent	Date	<u>_</u>	
If signing on t	behalf of an entity:		Į.	
Denise Bell, As	ssistant Scoretary			
	Typed or Printed Name		ļ	
	* * * FILING FE	Æ: \$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)