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NAME:

NETSERTIVE, INC.

TYPE OF FILING: CHANGE OF AGENT

COST:

35.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

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

1. The name of the corporation:		NETSERTIVE, INC.		
2. The principal office address:	o 100	Morrisville	NC	27560
	e 100	MOITISVITIE	140	21300
3. The mailing address (if different): 2400 Perimeter Park Dr, Ste 100		Morrisville	NC	27560
4. Date of incorporation/qualification: April 16, 201				
5. The name and street address of the current Florida Department of State: (If resigned, or		_	file with the	
Corporati	on Servic	e Company		
120)1 Hays S	Street		
Tallahass	see, FL	32301-2525		5 JUN - 1
6. The name and street address of the new rep (if changed): National Corpora 155 Office Plane	ite Resea		erea ornice	AH 9: 5
155 Office Plaza Tallahassee, FL	P.O. Box NOT acc	eptable		
The street address of its registered office an as changed will be identical.	d the street ad	dress of the business offic	e of its register	red agent,
Such change was authorized by resolution dauthorized by the board, or the corporation leads to the corporation of the corporati		its board of directors or ed in writing of the change the Change of the		
			ty. 1d complete osition as regis	torod
l hereby accept the appointment as registere I further agree to comply with the provision performance of my duties, and I am familiar agent. Or, if this document is being filed me hereby confirm that the corporation has bee	s of all statute with and acci erely to reflect n notified in w	ept the obligation of my p a change in the registere viting of this change.	d office addres	S, I

* * * 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)

Typed or Printed Name