F120000011179

(Re	equestor's Name)			
(Ac	ldress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	; #)		
PICK-UP	☐ WAIT	MAIL		
(Ви	isiness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



900252803649

10/21/13--01052--010 **35.00

12 PCT 21 MM 9: 25



COVER LETTER

TO:	Amendment Section Division of Corporations					
SUBJ	Openwave Mobility, Inc.					
	Name of Corporation					
DOC	F12000001779 MENT NUMBER:					
The er	closed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
	Cheryl Conklin					
Name of Contact Person						
Unisearch, Inc.						
	Firm/Company					
1780 Barnes Blvd SW						
	Address					
	Tumwater, WA 98512					
	City/State and Zip Code					
E-mail address: (to be used for future annual report notification)						
For fu	ther information concerning this matter, please call:					
Cheryl	Conklin 360 956-9500 ext. 103 at ()					
	Name of Contact Person at (
Enclos	ed is a \$35.00 check made payable to the Department of State.					
	Mailing Address:Street Address:Amendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle					
	Tallahassee, FL 32301					

FL006N - 05/20/2013 Wolters Kluwer Online

CR2E045 (03/12)

unisearch

FILE REQUEST

October 15, 2013

FLORIDA – DEPARTMENT OF STATE ATTN: CORPORATIONS DIVISION

Type of Filing:

CHANGE OF REGISTERED AGENT

Subject:

OPENWAVE MOBILITY, INC.

Form(s) Enclosed:

STATEMENT OF CHANGE OF REGISTERED

AGENT

Supporting Document(s):

Check(s) Enclosed:

\$35.00

Return Via:

REGULAR MAIL

Filing Method:

ROUTINE

Please return to:

Cheryl Conklin

Unisearch, Inc.

1780 Barnes Blvd SW Tumwater, WA 98512

360-956-9500 Ext: 103

Fax: 360-956-9504

cheryl.conklin@unisearch.com

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

in order to change its registered office or registered agent, or both, in the State of Florida. 1. The name of the corporation: Openwave Mobility, Inc. 2. The principal office address: 1600 Seaport Blvd, Redwood City, CA 94063
1. The name of the corporation: Openwave Mobility, Inc. 2. The principal office address: 1600 Seaport Blvd, Redwood City, CA 94063
2. The principal office address: 1600 Seaport Blvd, Redwood City, CA 94063
3. The mailing address (if different):
4. Date of incorporation/qualification: 04/25/2012 Document number: F12000001779
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)
Corporation Service Company
1201 Hays Street Tallahassee, FL 32301-2525
· · · · · · · · · · · · · · · · · · ·
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
NRAI Services, Inc.
1200 South Pine Island Road
P.O. Box 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.
Printed or typed name and title
I hereby 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.
NRAI Services, Inc. By: (Next Con Kin) Signature of Registered Agent Date
If signing on behalf of an entity:
Cheryl Conklin - Assistant Secretary Typed or Printed Name

* * * 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)

COVER LETTER

TO: Amer Divisi	idment Section ion of Corporations	
SUBJECT:	penwave Mobility, Inc.	
SUBJECT	Name of Cor	poration
DOCUMENT	F12000001779 F NUMBER:	
The enclosed	Statement of Change of Registered Office/	Agent and fee are submitted for filing.
	all correspondence concerning this matter t	
	Cheryl Conklin	
	Name of Conta	act Person
	Unisearch, Inc.	
	Firm/Com	pany
	1780 Barnes Blvd SW	
	Addres	S
	Tumwater, WA 98512	
	City/State and	Zip Code
	·	
	E-mail address: (to be used for futi	ure annual report notification)
For further inf	formation concerning this matter, please cal	1:
Cheryl Conklin	1	360 956-9500 ext. 103
	Name of Contact Person	at () Area Code & Daytime Telephone Number
Enclosed is a S	\$35.00 check made payable to the Departm	ent of State.
	Mailing Address: Amendment Section Division of Corporations P.O. Box 6327	Street Address: Amendment Section Division of Corporations Clifton Building

Tallahassee, FL 32314

CR2E045 (03/12)



2661 Executive Center Circle

Tallahassee, FL 32301

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

statement of cha	provisions of sections 607.0502, 61 inge is submitted for a corporation i ir to change its registered office or i	organized under the laws of the	e State of Delawa	re	_
1. The name of	the corporation: Openwave Mobility,	Inc.			
2. The principal	office address: 1600 Seaport Blvd, R	Ledwood City, CA 94063			
3. The mailing a	address (if different):				
4. Date of incorp	poration/qualification: 04/25/2012	Document number:	F12000001779		<u> </u>
	d street address of the current register trnent of State: (If resigned, enter re		on file with the		
	Corporation Service Company				
	1201 Hays Street				<u>:</u>
	Tallahassee, FL 32301-2525			13 9 C	SECRE //SICN
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or reg	istered office	[2] <i>[</i>	TARY OF COR
	NRAI Services, Inc.	-		÷ HA	
	1200 South Pine Island Road		· · · · · · · · · · · · · · · · · · ·	: 25	ATE
	P.O. Box Plantation, Florida 33324	x NOT acceptable			-
The street addre	ess of its registered office and the s	treet address of the business of	ffice of its regist	ered ag	ent,
Such change was authorized by the	is authorized by resolution duly add the <u>board, or</u> the corporation has bee	opted by its board of directors on notified in writing of the ch	or by an officer : ange.	so	
<u> </u>	re of an officer of effector	Printed or typed		BUT	_
I hereby accept I further agree to performance of	the appointment as registered ages to comply with the provisions of all my duties, and I am familiar with a is document is being filed merely to that the corporation has been notif	nt and agree to act in this cape I statutes relative to the proper and accept the obligation of m	acity. r and complete v position as rea	istered 2ss, I	
By: (NEAL S	ervices, Inc. Con K UN	IC /15/2013			
V	nature of Registered Agent	Date	;		_
	half of an entity:				
	Assistant Secretary ped or Printed Name				
-					

* * * FILING FEE: \$35.00 * * *

FL006N - 05/20/2013 Wolters Kluwer Online