

F12060001779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

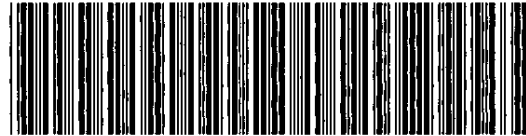
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 OCT 21 AM 9:25

LEVEUX
OCT 28 2013

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Openwave Mobility, Inc.

Name of Corporation

DOCUMENT NUMBER: F12000001779

The enclosed 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 further information concerning this matter, please call:

Cheryl Conklin

360

956-9500 ext. 103

Name of Contact Person

at (

_____) _____
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (03/12)

unisearch

FILE REQUEST

October 15, 2013

**FLORIDA – DEPARTMENT OF STATE
ATTN: CORPORATIONS DIVISION**

<i>Type of Filing:</i>	CHANGE OF REGISTERED AGENT
<i>Subject:</i>	OPENWAVE MOBILITY, INC.
<i>Form(s) Enclosed:</i>	STATEMENT OF CHANGE OF REGISTERED AGENT

Supporting Document(s):

<i>Check(s) Enclosed:</i>	\$35.00
<i>Return Via:</i>	REGULAR MAIL
<i>Filing Method:</i>	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**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware 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
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.



Signature of an officer or director

BARTOU FOSTER CEO/PRESIDENT

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: Cheryl Conklin

Signature of Registered Agent

10/15/2013

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

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COPY

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Signature of an officer or director

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Printed or typed name and title

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Signature of Registered Agent

10/15/2013
Date

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Cheryl Conklin - Assistant Secretary
Typed or Printed Name

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

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