

F12000003091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 MAY 22 PM 3:38

MAY 28 2015

T CANNON

CLAS Information Services  
2020 Hurley Way, Suite #350 Sacramento CA 95825  
Tel: (800) 447-6237

Job Number: 245032

Date: 05/18/2015

**Name: SITECORE USA, INC.**

Request For: Florida  
TYPE OF FILING: Change of Agent

**Special Instructions:**

Please file the attached upon receipt. We have enclosed check #20280 in the amount of \$35.00. Please call with any questions. Thank you in advance for your assistance.

Sincerely,

Judy Culver

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

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** **SITECORE USA, INC.**

Name of Corporation

**DOCUMENT NUMBER:** **F12000003091**

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:

**JUDY CULVER**

Name of Contact Person

**CLAS INFORMATION SERVICES**

Firm/Company

**2020 HURLEY WAY, STE. 350**

Address

**SACRAMENTO, CA 95825**

City/State and Zip Code

**jc@clasinfo.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**JUDY CULVER**

Name of Contact Person

at ( **800** ) **447-6237**

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

**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: SITECORE USA INC  
2. The principal office address: 591 REDWOOD HWY, BLDG 4000  
MILL VALLEY, CA 94941  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 07/24/2012 Document number: F12000003091

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)

NORTHWEST REGISTERED AGENT LLC

3111 W DR MLK BLVD STE 100-B180

TAMPA, FL 33607

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NATIONAL REGISTERED AGENTS, INC.

1200 SOUTH PINE ISLAND ROAD

P.O. Box NOT acceptable

PLANTATION, FL 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.

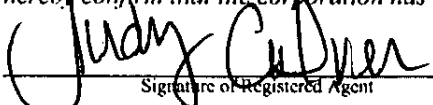
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
\_\_\_\_\_  
Signature of an officer or director

BJARNE HANSEN, 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.*

  
\_\_\_\_\_  
Signature of Registered Agent

5/18/2013  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

JUDY CULVER, ASST. SEC.

\_\_\_\_\_  
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

CD15046 (03/12)

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TALLAHASSEE, FLORIDA  
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