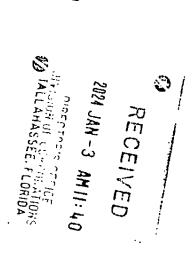
F13000000952

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT [MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Centificates of Status	5
Special Instructions to	Filing Officer:	J. HORNE
	J	J. HORNE AN - 4 2023

Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 139535 4355598
AUTHORIZATION (CAROLINA)
COST LIMIT : (\$ 35'.00
ORDER DATE: November 20, 2023
ORDER TIME : 9:13 AM
ORDER NO. : 139535-337
CUSTOMER NO: 4355598
CHANGE OF AGENT
NAME: MASERGY CLOUD COMMUNICATIONS, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Alexxis Weiland-sorenson EXAMINER'S INITIALS:

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

		2, 607.1508, or 617.1508, Florida Statutes, this ized under the laws of the State of California
		red agent, or both, in the State of Florida.
1. The name of t	the corporation: MASERGY CLOUD CC	MMUNICATIONS,INC.
2. The principal	office address: 1701 John F. Kennedy B	loulevard, Philadelphia, PA 19103
3. The mailing a	ddress (if different):	
4. Date of incorp	poration/qualification: 02/27/2013	Document number: F13000000952
	I street address of the current registered ag tment of State: (If resigned, enter resigne	
	C T Corporation System	
	1200 South Pine Island Road	
	Plantation, FL 33324	
6. The name and (if changed):	street address of the new registered agen	t (if changed) and /or registered office
	Corporation Service Company	<u> </u>
	1201 Hays Street	, in
	P.O. Box	NOT acceptable
	Tallahassee	FL 32301
The street address changed will	ss of its registered office and the street a be identical.	ddress of the business office of its registered agent
		by its board of directors or by an officer so ified in writing of the change.
Xie	. 2 Comi	Jill Cilmi, Vice President
Signature	e of an officer or director	Printed or typed name and title
I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and o comply with the provisions of all statud I am familiar with and accept the obliging filed merely to reflect a change in the been notified in writing of this change. Service Company	agree to act in this capacity. tes relative to the proper and complete performanc ation of my position as registered agent. Or, if thi registered office address, I hereby confirm that the
By: Cl	in Leil	01/03/2024
Sign	ature of Registered Agent	Date
If signing on beh	nalf of an entity:	
	Asst. Vice President	
Ту	ped or Printed Name	
	* * * FILING FE	0: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314