

F13 00000 1162 Page 1 of 3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6380

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

REGISTERED AGENT CHANGE
ABOUT, INC.

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

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MAY 18 2014

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15 MAY 15 PM 1:32

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAY 15 AM 8:30

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: ABOUT, INC.

Name of Corporation

DOCUMENT NUMBER: F13000001162

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:

Anastasia Walkenberg

Name of Contact Person

IAC/InterActiveCorp

Firm/Company

555 W 18TH ST

Address

NEW YORK, NY 10011

City/State and Zip Code

anastasia.walkenberg@iac.com

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

For further information concerning this matter, please call:

Anastasia Walkenberg

at (212) 314-7258

Name of Contact Person

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

CR2ED45 (03/12)

FILED

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

2015 MAY 15 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: ABOUT, INC.
2. The principal office address: 1500 BROADWAY SIXTH FLOOR, NEW YORK, NY 10036
3. The mailing address (if different): _____

4. Date of incorporation/qualification: 3/14/2013 Document number: Delaware

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)

NRAI SERVICES, INC.

1200 South Pine Island Road

Plantation, FL 33324

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

C T Corporation System

c/o C T Corporation System, 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.

Joanne Hawkins

Signature of an officer or director

Joanne Hawkins, VP & Assistant Secretary

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.

By: C T Corporation System
Joseph Tamimi
Signature of Registered Agent

5/15/2015
Date

If signing on behalf of an entity:

Joseph Tamimi
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)