F1300001312

| (Re | equestor's Name) | |
|---|--------------------|-----------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | MAIT | MAIL |
| (Bu | usiness Entity Nam | ne) |
| · (De | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
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| | | |

Office Use Only



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LAHASSEE, FLORID

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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 23, 2018

Order#: 018143-013

Re: SOFTWARE AG GOVERNMENT SOLUTIONS, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35 .

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

| statement of cha | nge is submitted for a cor | .0502, 617.0502, 607.1508, or 617.1508. Florida Statutes, this poration organized under the laws of the State of Office or registered agent, or both, in the State of Florida. | |
|---|---|---|---|
| 1. The name of t | he corporation. SOFTWA | ARE AG GOVERNMENT SOLUTIONS, INC. | |
| 2. The principal | office address: 12950 W | orldgate Drive, Suite 300, Herndon, VA 20170 | _ |
| 3. The mailing a | ddress (if different): | | _ |
| 4. Date of incorp | poration/qualification: 03 | Document number: F13000001312 | _ |
| | street address of the curn tment of State: (If resigne | ent registered agent and registered office on file with the d. enter resigned) | |
| | C T Corporation System | | |
| | 1200 South Pine Island I | Road | |
| | Plantation, FL 33324 | TALL | |
| 6. The name and (if changed): | street address of the new | registered agent (if changed) and /or registered office |] |
| | Corporation Service Cor | | j |
| | 1201 Hays Street | 12: 2 | |
| | | P.O Box NOT acceptable | |
| | Tallahassee | FL 32301 | |
| The street addre | ss of its registered office be identical. | and the street address of the business office of its registered agent. | |
| Such change wa authorized by th | s authorized by resolutio e board, or the corporation | n duly adopted by its board of directors or by an officer so on has been notified in writing of the change. | |
| _ Xie | 2 agrie | Jill Cilmi, Vice President | |
| I hereby accept I further agree t performance of agent. Or, if thi hereby confirm Corporation | o comply with the provisi my duties, and I am famil s document is being filed | Printed or typed name and title tered agent and agree to act in this capacity. ons of all statutes relative to the proper and complete liar with and accept the obligation of my position as registered mered to reflect a change in the registered office address, I been notified in writing of this change. 01/23/2018 | |
| By: Sign | sature of Registered Agent | Date | |
| lf signing on bel | nalf of an entity; | | |
| Ami M. Casper, | Asst. Vice President | | |
| Ty | ped or Printed Name | | |

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