F13000003848

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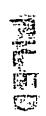
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4/12/18

NAME: MAXPOINT INTERACTIVE, INC.

TYPE OF FILING: CHANGE OF AGENT

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: MAXPOINT INTERACTIVE, INC.

Name of Corporation

DOCUMENT NUMBER: F13000003848

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:

Name of Contact Person

Paracorp Incorporated
Firm/Company

2804 Gateway Oaks Dr #100

Address

Sacramento, CA 95833

City/State and Zip Code

webbm@valassis.com

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

For further information concerning this matter, please call:

Katelynn Alexander

,888 (272-5441

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

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

statement of cha	inge is submitted for a corporc	92, 617.0502, 607.1508, or 617.1 ution organized under the laws of re or registered agent, or both, in	the State of Delaware	
1. The name of	the corporation; MAXPOIN	T INTERACTIVE, INC.		
		NGTON MILL BLVD, SUITE	300 MORRISVILLE, NC 2	7560
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 09/09	9/2013 Document num	_{ber:} F1300003848	
	d street address of the current r rtment of State: (If resigned, er	registered agent and registered of neer resigned)	fice on file with the	
	PARACORP INCORE	PORATED		
	155 OFFICE PLAZA	DRIVE 1ST FLOOR		
	TALLAHASSEE, FL	32301		
6. The name and (if changed):	I street address of the new regi	istered agent (if changed) and /or		÷,
	1200 S PINE ISLAN	P.O. Box NOT acceptable	A O 35	,
The street addre	·	the street address of the busines	ss office of its registered agent,	
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation ha	ly adopted by its board of direct as been notified in writing of the	tors or by an officer so	
Matt	Signed by: · Welala	Matt Webb	VP, Finance	
I hereby accept I further agree to performance of agent. Or, if the	to comply with the provisions my duties, and I am familiar is document is being filed mer	d agent and agree to act in this of all statutes relative to the prowith and accept the obligation of ely to reflect a change in the restricted in writing of this change in the change in this change in the change in the change in writing of this change in the change i	oper and complete of my position as registered wisiered office address. I	
- Hudi	M. Slesch	3/23/2018	Date	
If signing on be	half of an entity:			
Hiedi M. Lie	esch, Asst. Secretary			
T	yped or Printed Name			

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