F14000000111

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation o	7.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of MN egistered agent, or both, in the State of Florida.	
L. The name of	the corporation: QUMU CORPORA	ATION	
2. The principa	l office address:		
	e North Suite 305 Minneapolis, MN		
3. The mailing	address (if different):		
4. Date of inco	rporation/qualification: 01/02/2014	Document number: F14000000111	
	nd street address of the current registe artment of State: (If resigned, enter re	red agent and registered office on file with the signed)	
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD		
	PLANTATION	FL 33324	
6. The name an (if changed):	_	agent (if changed) and /or registered office	
	Corporation Service Company		
	1201 Hays Street		
	PO Box NOT acceptable		
	Tallahassee	FL 32301	
The street addr as changed wil	ress of its registered office and the st I be identical.	reet address of the business office of its registered agent.	
Such change wanthorized by t	ras authorized by resolution duly add the board, or the corporation has bee	opted by its board of directors or by an officer so in notified in writing of the change.	
/S/ Rob Medv	ed	Rod Medved, Vice President Finance and Corporate Secretary	
I hereby accept I further agree of my duties, as document is be corporation ha	ure of an officer of director I the appointment as registered agen to comply with the provisions of all not I am familiar with and accept the ving filed merely to reflect a change as been notified in writing of this cha on Service Company	Printed or typed name and title nt and agree to act in this capacity. statutes relative to the proper and complete performance obligation of my position as registered agent. Or, if this in the registered office address. I hereby confirm that the inge.	
By: X Irai	· Cokubi	01/30/2024	
Si	gnature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
	Asst. Vice President		
•	Evoed or Printed Name		

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