11/30/2016 Division of Corporations

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Division of Corporations

Fax Number : (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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## REGISTERED AGENT CHANGE SHAZAM NETWORK, INC.

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## **COVER LETTER**

TU:	Amendment Section Division of Corporations
SUBJ	SHAZAM NETWORK, INC.
	Name of Corporation
DOC	F14000000474 JMENT NUMBER:
The en	closed 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
	· · · · · · · · · · · · · · · · · · ·
	Firm/Company
	· ,
	Address
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
····	Name of Contact Person at ( )  Area Code & Daytime Telephone Number
Enclos	ed 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

CR2E045 (03/12)

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

statement of ch	ange is submitted for a corporation orga	002, 007.1308, or 017.1308, Florida Statute anized under the laws of the State of <mark>Lowa</mark> stered agent, or both, in the State of Florida	<del></del>
	the corporation: SHAZAM NETWORK,		•
2. The principal	office address: 6700 Pioneer Parkway, Jo	phnston, IA 50131	
3. The mailing i	address (if different): 6700 Pioneer Parkw	ray, Johnston, IA 50131	
4. Date of incor	poration/qualification: 01/30/2014	Document number: F14000000474	
	I street address of the current registered timent of State: (If resigned, enter resign	agent and registered office on file with the ned)	
	CORPORATION SERVICE COMPANY	7	
	1201 Hays Street		<b>16</b>
	Tallahassee, FL 32301		THE T
6. The name and (if changed):	I street address of the new registered ago	ent (if changed) and /or registered office	130 M
	C T Corporation System		# II: 24
	c/o C T Corporation System, 1200 South	Pine Island Road	第 2
	P.O. Box NO Plantation, Florida 33324	T acceptable	
as changed will	ess of its registered office and the street be identical.	address of the business office of its regist d by its board of directors or by an officer officed in writing of the change.	•
La	slio Martin	Leslic Martin, VP	
Signatu	re of an officer or director	Printed or typed name and fitte	
C T Con	the appointment as registered agent as o comply with the provisions of all sta my duties, and I am familiar with and is document is being filed merely to refited the corporation has been notified portion System	nd agree to act in this capacity.  tutes relative to the proper and complete accept the obligation of my position as reg lect a change in the registered office addr- in writing of this change.	ristered ess, I
By;	salling of Registered Agent	/// 7// 6 Date	
If signing on be	Min Wasler alf of an entity: Assistant Sec		
· · · · · · · · · · · · · · · · · · ·	ped or Printed Name		•
	* * * FILING FE	CE: \$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)