

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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

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REGISTERED AGENT CHANGE CLICKSOFTWARE, INC.

| Certificate of Status | Ü |
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| Certified Copy | 1 |
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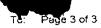
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C MICNAIR



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

| 1 701 | of the corporation: CLICKSOFTWARE, I | INC. | |
|--|--|---|-----------|
| | | | |
| | ipal office address: ORATE DRIVE SUITE 400 BURLINGTO | N. MA OTBO3 | |
| 3. The mailin | ng address (if different): | in, min drood | |
| 4. Date of in | corporation/qualification: 11/12/2014 | Document number: F14000004841 | |
| | and street address of the current registent epartment of State: (If resigned, enter resi | ed agent and registered office on file with the igned) | |
| | CORPORATION SERVICE COMPAN | NY | · · |
| | 1201 HAYS STREET, TALLAHASSE | EE. FL 32301-2525 | 19 HOV 20 |
| (if change | ~ | agent (if changed) and /or registered office | -PM 4. |
| | C 1 Corporation System | | • |
| | c/o C T Corporation System, 1200 Soci | | |
| | c/o C T Corporation System, 1200 Soci | th Pine Island Road | |
| _ | c/o C T Corporation System, 1200 Soci P.O. Box t Plantation, Florida 33324 Iddress of its registered office and the strawill be identical. | ect address of the business office of its registered ag | ent, |
| _ | c/o C T Corporation System, 1200 Soci P.O. Box t Plantation, Florida 33324 Iddress of its registered office and the strawill be identical. | NOT ecceptable | ent, |
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| Such change authorized b Se I hereby accord I further agre performance | c/o C T Corporation System, 1200 Soci P D Box I Plantation, Florida 33324 ddress of its registered office and the stravill be identical. The was authorized by resolution duly adopt the board, or the corporation has been specific to comply with the provisions of all strave to comply with the provisions of all strave. | ect address of the business office of its registered ago sted by its board of directors or by an officer so notified in writing of the change. Scott Siamas, Assistant Secretary Printed or typed name and tire and agree to act in this capacity, talutes relative to the proper and complete address of the proper and complete relation of my position as registered reflect a change in the registered office address. I | ent, |
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Make checks payable to Florida Department of State Mail 10: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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