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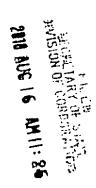
(Requestor's Name)		
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(City/State/Zip/Phone #)		
. PICK-UP WAIT MAIL		
(Business Entity Name)		
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(Document Number)		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: FLORIDA REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Elizabeth Dawson edawson@cscinfo.com

Date: August 14, 2018

Order#: 321824-005

Re: ALIGN COMMUNICATIONS 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: Elizabeth Dawson

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 change is st	ubmitted for a corp	0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this oration organized under the laws of the State of New York		
		ffice or registered agent, or both, in the State of Florida.		
1. The name of the corpo				
2. The principal office address: 55 Broad St., 6th Fl., New York, NY 10004				
3. The mailing address (if different):			
4. Date of incorporation/	/qualification: 05/0	Document number: F15000001921		
5. The name and street a Florida Department of		nt registered agent and registered office on file with the , enter resigned)		
Registe	Registered Agent Solutions, Inc.			
155 Off	155 Office Plaza Dr., Suite A			
Tallaha	issee	FL 31301		
6. The name and street a (if changed):	ddress of the new r	FL 31301 registered agent (if changed) and /or registered office		
Corpora	ation Service Com	pany		
1201 Hays Street				
P.O. Box NOT acceptable				
Tallaha ———	ssee	FL 32301		
The street address of its as changed will be ident	registered office a	and the street address of the business office of its registered agent.		
Such change was author authorized by the board,	rized by resolution , or the corporation	duly adopted by its board of directors or by an officer so has been notified in writing of the change.		
Xie E a	Que	Jill Cilmi, Vice President		
Signature of an offi	icer or director	Printed or typed name and title		
I further agree to complete performance of my dutie	y with the provisions, and I am familion and I am familion and is being filed recorporation has be	ored agent and agree to act in this capacity. This of all statutes relative to the proper and complete The arm with and accept the obligation of my position as registered The reflect a change in the registered office address, I The registered in writing of this change.		
By Elizabe a San		08/07/2018		
Signature of Re	egistered Agent	Date		
If signing on behalf of a	n entity:			
Elizabeth A. Dawson, A	sst. Vice President	t		
Typed or Printed Name				

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