## F1500000 1997

(1	Requestor's Name)	
(	Address)	
	Address)	
(	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(	Business Entity Name	e)
(	Document Number)	
Certified Copies	Certificates	of Status
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: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: June 7, 2019

Order#: 795309-010

Re: CENTERVUE, 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: Ami Casper

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.

OUCA.XCOA

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

statement of cha	ange is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida Statutes, this on organized under the laws of the State of Delawate or registered agent, or both, in the State of Florida.	
1. The name of	the corporation: CENTERVUE,	INC.	
2. The principal	office address: 979 Corporate	Way, Fremont, CA 94539	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualitication: 05/08/20	Document number: F15000001997	
	d street address of the current reg rtment of State: (If resigned, ento	gistered agent and registered office on file with the er resigned)	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation, FL 33324		
6. The name and (if changed):	_	ered agent (if changed) and /or registered office of the control o	
	Corporation Service Company		
	1201 Hays Street	Box NOT acceptable	
	Tallahassee	Place NOT acceptable  FL 32301	
The street addreas changed will	ess of its registered office and the identical.	ne street address of the business office of its registered agent.	
Such change wa authorized by the	as authorized by resolution duly he hoard, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.	
	Vy Tran	Vy Tran, CFO	
I hereby accept I further agree performance of agent. Or, if th hereby confirm Corporation By.	to comply with the provisions of my duties, and I am familiar with a document is being filed more that the corporation has been not been not been the corporation of	Printed or typed name and title agent and agree to act in this capacity. If all statutes relative to the proper and complete ith and accept the obligation of my position as registered by to reflect a change in the registered office address, I sotified in writing of this change.  6/6/19	
	nature of Registered Agent	Date	
	half of an entity:		
	, Asst. Vice President	_	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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