F150000002614

400287784354

07/11/16--01026--005   **35.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

16 JUL 11 PH 3:22

RECEIVED
DEPARTMENT A...

16 JUL 11 PH 2:58

JUL 1 2 2016

C McNAIR

Walk In

July 11, 2016

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #:   10081122 SO
        Customer Reference 1:   3503
        Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

        Enablon North America Corp. (DE)
        Change of Agent
        Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

COVER LETTER

TO: Amendment Section
          Division of Corporations

SUBJECT: ENABLON NORTH AMERICA CORP.
_____
          Name of Corporation

DOCUMENT NUMBER: F15000002614
_____

The enclosed 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 further information concerning this matter, please call:

Erin Sanders   847   580-5045
_____ at (_____)_____
Name of Contact Person   Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

<table>
<tr><td>Mailing Address:</td><td>Street Address:</td></tr>
<tr><td>Amendment Section</td><td>Amendment Section</td></tr>
<tr><td>Division of Corporations</td><td>Division of Corporations</td></tr>
<tr><td>P.O. Box 6327</td><td>Clifton Building</td></tr>
<tr><td>Tallahassee, FL 32314</td><td>2661 Executive Center Circle</td></tr>
<tr><td></td><td>Tallahassee, FL 32301</td></tr>
</table>

CR2E045 (03/12)

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware _____ *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: ENABLON NORTH AMERICA CORP.

2. The principal office address: 233 S. Wacker Drive, Suite 5420, Chicago, IL 60606

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 06/11/2015 _____ Document number: F15000002614

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

   CORPORATION SERVICE COMPANY

   1201 HAYS STREET

   TALLAHASSEE, FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

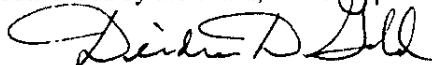   C T Corporation System

   c/o C T Corporation System, 1200 South Pine Island Road

   P.O. Box NOT acceptable

   Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

_____   Deidra D. Gold, Secretary
Signature of an officer or director   Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity.
I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System
By: _____   7/7/2016
Signature of Registered Agent   Date

If signing on behalf of an entity:

_____
Typed or Printed Name

* * * FILING FEE: $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)

FL006 - 05/20/2013 Wolters Kluwer Online