Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

: (850)617-6380 Fax Number

From:

Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 : (850)205-8842

Fax Number (850)878-5368 AUG 17 2016

C. CARROTHERS

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Cmail	Address:			
amort.	WHITE OF !			

## REGISTERED AGENT CHANGE ORDERUP FOOD, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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## **COVER LETTER**

TO:	Amendment Section Division of Corporations					
SUBJ	ORDERUP INC ECT: Name of Corporation					
	rans of Corporation					
DOC	JMENT NUMBER: F15000003107					
The e	aclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.					
Please	return all correspondence concerning this matter to the following:					
	SARAH TYSK					
	Name of Contact Person					
	GROUPON, INC.					
Firm/Company						
600 W. CHICAGO AVE STE 400						
	Address					
	CHICAGO, IL 60654					
	City/State and Zip Code					
	STYSK@GROUPON.COM					
	E-mail address: (to be used for future annual report notification)					
For fu	ther information concerning this matter, please call:					
SARA	H TYSK 312 999-3836					
	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	e provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this name is submitted for a corporation organized under the laws of the State of DELAWARE ler to change its registered office or registered agent, or both, in the State of Florida.	
	the corporation: ORDERUP INC.	
2. The principal	al office address: 2400 BOSTON ST STE 201 RE, MD 21224	_
	address (if different): GROUPON TAX DEPARTMENT, 600 W CHICAGO AVE SUITE 400  O, IL 60654	<del>-</del>
4. Date of incor	rporation/qualification: 7/13/2015 Document number: F15000003107	_
5. The name an	and street address of the current registered agent and registered office on file with the artment of State: (If resigned, enter resigned)	
	CORPORATION SERVICE COMPANY	
	1201 HAYS STREET	
	TALLAHASSBB, FL 32301-2525	
6. The name an (if changed):	ad street address of the new registered agent (if changed) and /or registered office	1
	C T CORPORATION SYSTEM	1
•	c/o CT Corporation System, 1200 South Pine Island Road  P.O. Box NOT acceptable	
	The same of the sa	£
•	Plantation, Florida 33324	
The street addr as changed will	ess of its registered office and the street address of the business office of its registered agent, I be identical.	
Such change w authorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so the board, or the corporation has been notified in writing of the change.	
<i>F.M.</i>	PRESIDENT	
I hereby accept I further agree performance of agent. Or, if th hereby confirm  G T Cer By:	the appointment as registered agent and agree to act in this capacity.  to comply with the provisions of all statutes relative to the proper and complete fmy duties, and I am familiar with and accept the obligation of my position as registered his document is being filed merely to reflect a change in the registered office address, I at that the corporation has been notified in writing of this change.  The position by spen 1/20/2016  Date Date	
If signing on be	ehalf of an entity:	
1	Typed or Printed Name	
	* * * RILING FEE: \$35.00 * * *	