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(Re	equestor's Name)						
(Ad	ldress)						
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(Cit	ty/State/Zip/Phone	e #)					
PICK-UP	☐ WAIT	MAIL ·					
(Bu	siness Entity Nan	ne)					
(Document Number)							
Certified Copies	_ Certificates	s of Status					
Special Instructions to Filing Officer:							





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BINISTEN OF CORPORATION OF STATE

MAY - 2 2016 C LEWAS



CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 26, 2016

Order#: 071127-010

Re: EVERBRIDGE, 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 2711 Centerville Road, Suite 400 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 ch	e provisions of sections 607.05 nange is submitted for a corpo ler to change its registered off	ration organized u	ider the law	s of the State o	f Delaware		
	f the corporation: EVERBRID		, ,		•		
2. The principa	al office address: 25 Corporat	e Drive, Suite 400,					
3. The mailing	address (if different):						
4. Date of inco	rporation/qualification: 11/0:	2/2015	Document n	umber: F150	00004830		
	nd street address of the current artment of State: (If resigned,		nd registered	i office on file	with the		
	C T Corporation System	· · · · · · · · · · · · · · · · · · ·					
	1200 South Pine Island Ro	ad			_	5	NE S
	Plantation, FL 33324				_	APR	SIGN TO
6. The name ar (if changed):	nd street address of the new re	gistered agent (if cl	nanged) and	/or registered	office	28 PM	HOUSE STANK
	Corporation Service Comp	any			_	÷:	RATE
	1201 Hays Street			<u></u>		<u>.</u>	**
	Tallahassee	P.O. Box NOT acceptat		32301			
	ress of its registered office and be identical.					d agent,	
authorized by	vas authorized by resolution of the board, or the corporation	has been notified i	n writing of	the change.	in officer so		
Signal	ture of an officer or director		Printed	E HUFF	VP-Con	ITF34L	-EK_
I further agree performance o agent. Or, if ii hereby confirm	of the appointment as register to comply with the provision of my duties, and I am familia his document is being filed m in that the corporation has be on Sepyce Company	ed agent and save	e to act in ti	his canacity			
By: Sile	in augyse		04/26/201				
-	gnature of Registered Agent			Date			
	ehalf of an entity: et, Asst. Vice President						
	Typed or Printed Name						

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

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

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