F15000005502

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

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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 325470 , 7493475

AUTHORIZATION: Spulle in

COST LIMIT : \$ 35.00

ORDER DATE : October 10, 2016

ORDER TIME : 3:58 PM

ORDER NO. : 325470-005

CUSTOMER NO: 7493475

CHANGE OF AGENT

NAME: BROADSOFT CONTACT CENTER,

INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Courtney Williams

EXAMINER'S INITIALS:

COVER LETTER

Di	ivision of Corporations			
SUBJECT	BroadSoft Contact Center, Inc.			
SOBSECI	Name of Cor	poration		
DOCUMI	F15000005502 ENT NUMBER:			
The enclos	eed Statement of Change of Registered Office/	Agent and fee are submitted for filing.		
Please retu	arn all correspondence concerning this matter t	o the following:		
	Shara L. Gomes			
	Name of Conta	act Person		
	BroadSoft Contact Center, Inc.			
	Firm/Com	pany		
	9737 Washingtonian Blvd., Suite 350			
Address				
Gaithersburg, MD 20878				
	City/State and	Zip Code		
	sgomes@broadsoft.com			
	E-mail address: (to be used for fut	ure annual report notification)		
For further	r information concerning this matter, please ca	II:		
Shara L. C	Gomes	301 200-3257		
	Name of Contact Person	Area Code & Daytime Telephone Number		
Enclosed i	s a \$35.00 check made payable to the Departm	ent 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		

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

statement of change i	sions of sections 607.0502, 617.0502 s submitted for a corporation organi	ized under the laws of the State of \underline{D}	elaware		
	hange its registered office or registe	•	orida.		
1. The name of the co	rporation: BroadSoft Contact Cente	r, inc.			
	e address: 930 Hamlin Court	——————————————————————————————————————			
Sunnyvale CA 94	· · · · · · · · · · · · · · · · · · ·				
3. The mailing addres Gaithersburg, N	s (if different) <u>: ⁹⁷³⁷ Washingtoniar</u> 4D 20878	Blvd., Suite 350		···········	
	on/qualification: 12/14/2015	Document number: F1500000	15502		7
	et address of the current registered ag t of State: (If resigned, enter resigned		h the		000
CT (CORPORATION SYSTEM			3328	
120	0 SOUTH PINE ISLAND ROAD	"			î
PLA	NTATION, FL 33324		9 2		4: 3,
6. The name and stree (if changed):	et address of the new registered agen	t (if changed) and /or registered offic	ce		
Corp	poration Service Company	•			
120	1 Hays Street				
	P.O. Box NOT	acceptable			
Tall	ahassee	FL 32301			
The street address of as changed will be id	its registered office and the street a	address of the business office of its	registered	agent,	
Such change was aut authorized by the box	horized by resolution duly adopted ard, or the corporation has been not	by its board of directors or by an of ified in writing of the change.	fficer so		
	2 .	Dennis Dourgarian	VP/Asst.T	reasur	rer
Sign ature of at	allico of director	Printed or typed name and title	* **		
i juriner agree to coi performance of my d agent. Or, if this doc hereby confirm that t	ppointment as registered agent and apply with the provisions of all statu uties, and I am familiar with and accument is being filed merely to reflect the corporation has been notified in evice Company	tes relative to the proper and comp ecept the obligation of my position of ct a change in the revisiered office	elete as registero address, I	ed	
By:		10-10-2016			
Signature	of Registered Agent	Date			
If signing on behalf	of an entity:				
Courtney V	Villiams, Asst. V.P.				
Typed or	Printed Name				

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