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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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

## REGISTERED AGENT CHANGE GOPRO CARE SERVICES, INC.

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

statement of cha	unge is submitted for a corpor	02, 617,0502, 607,1508, or 617,1508, Florida Statutes cation organized under the laws of the State of <mark>DE</mark> ce or registered agent, or both, in the State of Florida.		
1. The name of	the corporation: GOPRO CAR	E SERVICES. INC.		
2. The principal	office address: 3000 CLEARY	VIEW WAY, SAN MATEO, CA 94402		
3. The mailing a	address (if different): 3000 CL	EARVIEW WAY, SAN MATEO, CA 94402		
4. Date of incor	poration/qualification:	016 Document number: F16000000135		
	d street address of the current rtment of State: (If resigned, c	registered agent and registered office on file with the enter resigned)		
	CORPORATION SERVICE O	COMPANY		
	1201 HAYS STREET			
	TALLAHASSEE, FL 32301			
6. The name and street address of the new regis (if changed):  C T Corporation System		gistered agent (if changed) and /or registered office	STO RETURN OF CONTROL	
	c/o C T Corporation System, 1	1200 South Pine Island Road	55~	
	Plantation, Florida 33324	P.O. Box NOT acceptable	OF STATE	
The street addr	ess of its registered office an libe identical.	d the street address of the business office of its regist	ered agent.	
Such change w	as authorized by resolution d	luly adopted by its board of directors or by an officer has been notified in writing of the change.		
Signature of an officer or director		Jeanne Nelson, Vice President		
Lhereby accept Lfurther agree Bortornance of	t the appointment as register to comply with the provision t my duties, and I am familia	Primed or typed name and tale ed agent and agree to act in this capacity. is of all statutes relative to the proper and complete r with and accept the obligation of my position as reg erely to reflect a change in the registered office addre en notified in writing of this change.	gistered ess, 1	
By: C T Con	rporation System  M 1) Comments of Engistered Agent	2/15/2018 Date		
If signing on be James N Assistant	chalf of an entity: A. Halpin Secretary			

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