Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:	Division of Co.				
	Division of Corporations				
	Fax Number	: (850)617-6380			
From:					
	Account Name	: C T CORPORATION SYSTEM		~3	
	Account Number	: FCA000000023	1 7	2020 DE	
	Phone	: (614)280-3338			
	Fax Number	: (954)208-0845			
				1	
**Enter 1	the email addres	s for this business entity to be used for fu	ture,		
ann	ual report maili	ngs. Enter only one email address please.**	•		
			-		

REGISTERED AGENT CHANGE SHARPSPRING, INC.

Certificate of Status	0
Certified Copy	1
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Estimated Charge	\$43.75

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Corporate Filing Menu

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Page: 3 of 3

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

statement of cha	nge is submitted for a corporation or	.0502, 607.1508, or 617.1508, Florida Segunized under the lows of the State of Γ egistered agent, or both, in the State of F	DE
1. The name of t	he corporation: SHARPSPRING, INC		
• •	office address:	FL 32608	
3. The mailing a	ddress (if different):		
4. Date of incorp	ooration/qualification: 01/14/2016	Document number: F1600000	J0209
	street address of the current register tment of State: (If resigned, enterres	ed agent and registered office on file wit igned)	th the
	Stankevich, Jennifer		
	5001 Celebration Pointe Avenue Suite	e 410 Gainesville, FL 32608	
6. The name and (ifchanged):	street address of the new registered	agent (if changed) and /or registered off	ice
	C T Corporation System		
	1200 South Pine Island Road		0.00
	P.G. Plantation, Florida 33324) Box NOT acceptable	-
		reet address of the business office of its	
Such change wa authorized by th	is authorized by resolution duly add the board, or the corporation has bee	opted by its board of directors or by an innotified in writing of the change.	officer so
Carry	n Jackson.	Aaron Jackson Interim Chief Finant	cial Officer
aocument is nei	the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change i been notified in writing of this cha	it and agree to act in this capacity, statutes relative to the proper and com obligation of my position as registered in the registered office address, I hereb	 plete performance i agent. Or. if this
	13/1	12/1/2020	
If signing on be	half of an entity:	Date	
	- Assistant Secretary		
	ped or Printed Name		
	6 A A FIRE 1874	LENGTH ARRONALA	

* * * 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 (04/13)

By: