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To:

Division of Corporations

Fax Number : (850)617-6380

Erom:

Account Name : C T CORPORATION SYSTEM

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

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

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REGISTERED AGENT CHANGE ATTUNITY INC. Certificate of Status Certified Copy 1 02 Page Count \$43.75 Estimated Charge

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Help

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 nange is submitted for a corporation organized under the laws of the State of Massachusetts let to change its registered office or registered agent, or both, in the State of Florida. |
|---|---|
| | the corporation: Attunity Inc. |
| | office address: 211 S. Gulph Rd., Suite 500, King of Prussia, PA19406 |
| 3. The mailing : | address (if different): |
| 4. Date of incor | poration/qualification: 01/04/2017 Document number: F17000000040 |
| 5. The name and | nd 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 |
| | Tallahassec, FL 32301 |
| 6. The name and (if changed): | d street address of the new registered arent (if changed) and /or registered officers |
| | CT Corporation System |
| | c/o C T Corporation System, 1200 South Pine Island Road |
| | P.O. Box NOT acrepuble |
| | Plantation, Florida 35324 |
| The street addre as changed will | ess of its registered office and the street address of the business office of its registered agent, be identical, |
| Such change wa authorized by th | is authorized by resolution duly adopted by its board of directors or by an officer so he board for the corporation has been notified in writing of the change. |
| (.]] | Deborah C. Lofton, VP & Scretary |
| 7 12 | e of an officer or director Printed or typed mine and title |
| t nereby accept t I further agree to performance of t agent. Or, if thi, hereby confirm t | 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 my duties, and I am familiar with and accept the obligation of my position as registered is document is being filed merely to reflect a change in the registered office address, I that the corporation has been notified in writing of this change. |
| CT Corp By: Mich Sign | poration System (acl Senaphin May 8, 2019 white of Registered Keint Date |
| If signing on beh | |
| | , Assistant Secretary |
| | prof or Printed Name |
| | * * * 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 (03/12)