F18000004283

(Re	equestor's Name)	
(Ac	idress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone #))
PICK-UP	WAIT	MAIL
(Ві	usiness Entity Name)	ı
(Document Number)		
Certified Copies	_ Certificates of	Status
Special Instructions to Filing Officer:		

Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Soraya Sariaslani soraya.sariaslani@cscglobal.com

Date: July 3, 2019

Order#: 815157-084

Re: VONAGE BUSINESS, INC.

Enclosed please find:

<u>XX</u> Change of Registered Agent and Office.

 \mathbb{K} Check in the amount of \$35.00.

Please take the following action:

<u>MX</u> File in your office on a routine basis.

XX Issue Proof of Filing.

<u>XX</u> Please return evidence to the following:

Attn: Soraya Sariaslani

c/o Corporation Service Company

251 Little Falls Drive 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 cha	inge is submitted for a corpo	i02, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of DE lice or registered agent, or both, in the State of Florida.
1. The name of t	he corporation: VONAGE BU	JSINESS INC
		HOLMDEL, NJ 07733
	ddress (if different):	
4. Date of incorp	poration/qualitication: 09/17	/2018 Document number: F18000004283
	I street address of the current tment of State: (If resigned, a	registered agent and registered office on file with the enter resigned)
	C T CORPORATION SYS	EM
	1200 SOUTH PINE ISLAND	
	PLANTATION	
6. The name and (if changed):		gistered agent (if changed) and for registered office
	Corporation Service Compa	any Series I
	1201 Hays Street	PO Box NOCacceptable
	Tallahassee	PO Box NOT acceptable FL 32301
The street addre		d the street address of the business office of its registered agent.
Such change wa	s authorized by resolution d	uly adopted by its board of directors or by an officer so has been notified in writing of the change.
<u> </u>	e of an officer or director	Jill Cilmi, Vice President
I hereby accept I further agree t performance of agent. Or, if thi hereby confirm t	the appointment as registere o comply with the provision my duties, and I am familian s document is being tiled me	Printed or typed name and title ed agent and agree to act in this capacity, s of all statutes relative to the proper and complete s with and accept the obligation of my position as registered erely to reflect a change in the registered office address, I n notified in writing of this change.
	. ,	07/03/2019
Sign	Crkubly nature of Registered Agent	Date
If signing on bel	nalf of an entity:	
Grace E. Kirby,	Assistant Vice President	
Ty	ped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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