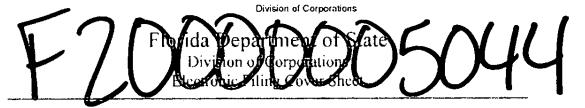
6/30/2021



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(((H21000254381 3)))



H210002543813ABC-

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Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
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.\*\*

Email Address:

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## REGISTERED AGENT CHANGE CXLOYALTY, INC.

Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$35.00	

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Corporate Filing Menu

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Page: 3 of 3

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delawate in order to change its registered office or registered agent, or both, in the State of Florida.					
1. The name of	the corporation: CXLOYALTY, INC.				
	office address: 6 HIGH RIDGE PARK,	STAMFORD, CT 06905			
4. Dateofincorporation/qualification: 11/05/2020 Document number: F20000005044					
	nd street address of the current registered artment of State: (If resigned, enterresig	d agent and registered office on file with the pred)			
	CORPORATION SERVICE COMPAN	Y			
	1201 HAYS STREET		<b>→</b>		
	TALLAHASSEE, FL 32301		ALLAHASSE		
6. The name ar (ifchanged)		gent (if changed) and /or registered office	r11 .		
	C T Corporation System				
	1200 South Pine Island Road				
	P.O. Plantation, Florida 33324	Box NOT acceptable	<b>&gt;</b>		
The street add as changed wi	ress of its registered office and the stre Il be identical.	et address of the business office of its regis	stered agent,		
		ted by its board of directors or by an office notified in writing of the change.	er so		
Michele Lamagna		Michele Lamagna, Secretary			
I hereby accep I further agree of my duties, a document is be	ind I am familiar with and accept the o eing filed merely to reflect a change in as been notified in writing of this chang	tatutes relative to the proper and complete obligation of my position as registered agen the registered office address, I hereby con	performance it. Or if this firm that the		
	ignature of Registered Agent	Date			

Stephen Rullis, Vice President

Typed 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 (04/13)

By: