From: Kaity Toon

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:		. •	
	Division of Cor		
	Fax Number	: (850)617-6380	1 <u>7</u>
From:			
	Account Name	: C T CORPORATION SYSTEM	(21)
	Account Number	: FCA000000023	· ~;
	Phone	: (614)280-3338	:
	Fax Number	: (614)573-3996	
	the email address	: (614)573-3996 for this business entity to be used ngs. Enter only one email address ple	

REGISTERED AGENT CHANGE CLARIVATE IP (US) HOLDINGS CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.7 <u>5</u>

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

statement of ch	ange is submitted for a corporation org	1502, 607,1508, or 617,1508, Florida Statutes, this nanized under the laws of the State of Delawate istered agent, or both, in the State of Florida.				
1. The name of	the corporation: Clarivate IP (US) Hold	ings Corporation				
2. The principal office address: 789 E. Eisenhower Parkway, Ann Arbor, MI 48108						
3. The mailing	address (if different):					
4. Dateofincorp	poration/qualification: 01/18/2022	Document number: F22000000375				
	nd street address of the current registered artiment of State: (If resigned, enterresig	d agent and registered office on file with the ned)				
	Corporation Service Company					
	1201 Hays Street	20241				
	Tallahassee, FI 32301-2525	THE TANK				
6. The name an (ifchanged):		gent (if changed) and /or registered officer				
	C T Corporation System					
	1200 South Pine Island Road					
	P.O.1	Box NOT acceptable				
	Plantation, Florida 33324					
The street addr as changed will	ress of its registered of lice and the stre I be identical.	et address of the business office of its registered agent.				
Such change wauthorized by t	as authorized by resolution duly adopt he board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.				
/S/MA	RTIN REEVES	MARTIN REEVES, SECRETARY				
·-	ure of un officer or director	Printed or typed name and title				
oj my atates, ar document is be	na 1 am familiar with and accept the o ving filed merely to reflect a change in is been notified in writing of this chang n System					
	White Helds	05/08/2024				
•	,	Date				
It signing on be	ehalf of an entity:					
	LDEN, ASSISTANT SECRETARY					
Т	Typed or Printed Name					

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

Ву: