(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone #	#)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of	of Status	
Special Instructions to Filing Officer:			
		ŀ	

Office Use Only



300314200263

08/08/18--01024--010 ****35.00**

S TALLENT JUN 1 1 2018

18 JUN -8 PH 3: 45

RIACH



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Mary Rivers mary.rivers@cscglobal.com

Date: June 6, 2018

Order#: 217079-008

Re: GLOTEL, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Mary Rivers 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	nge is submitted for a corpo	02, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ration organized under the laws of the State of DE
1. The name of	the corporation: GLOTEL, IN	C
	office address: n Mawr Ave., Suite 400N Cf	nicago IL 60631
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 02/17	/1998 Document number: F9800000926
	I street address of the current rtment of State: (If resigned, o	registered agent and registered office on file with the enter resigned)
	CT CORPORATION SYST	ЕМ
	1200 S PINE ISLAND RD	
	PLANTATION	FL 33324
6. The name and (if changed):	street address of the new registered agent (if changed) and /or registered office Corporation Service Company	
	Corporation Service Compa	any SET T
	1201 Hays Street	P.O. Box. NOT acceptable
	Tallahassee	FL 32301
The street addreas changed will	ess of its registered office an be identical.	d the street address of the business office of its registered agent.
Such change wa authorized by th	as authorized by resolution d ne board, or the corporation l	uly adopted by its board of directors or by an officer so has been notified in writing of the change.
Lee (Jill Cilmi, Vice President	
I hereby accept I further agree i performance of agent. Or, if thi hereby confirm	to comply with the provision my duties, and I am familian is document is being filed m	Printed or typed name and littered agent and agree to act in this capacity, so fall statutes relative to the proper and complete with and accept the obligation of my position as registered early to reflect a change in the registered office address, I am notified in writing of this change.
Ву: У	nature of Registered Agent	06/04/2018 Date
	half of an entity:	1./3lf
Grace E. Kirby,	Assistant Vice President	
T	yped 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 * * *