F99000003174

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
☐ PICK-UP ☐ WAIT ☐ MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
· ·					

Office Use Only



100391230041

2022 SEP -8 AH 9: 52

2022 SEP -8 PH 3: 1

2009 CFD

A. BUTLER SEP - 9 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE 920641 8381310
AUTHORIZATION
COST LIMIT : \$ 35.00
ORDER DATE : September 1, 2022
ORDER TIME : 1:59 PM
ORDER NO. : 920641-019
CUSTOMER NO: 8381310
CHANGE OF AGENT
NAME: SKILLSOFT (US) CORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker
EXAMINER'S INITIALS:

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

statement of cha	provisions of sections 607.0502, nge is submitted for a corporati r to change its registered office	on organized under the law	vs of the State of <u></u>	Delaware
	he corporation: SKILLSOFT (US			
	office address: 300 INNOVATIV		ua, NH 03062	
3. The mailing a	ddress (if different):			
4. Date of incorp	ooration/qualification: 06/21/19	99 Document r	number: <u>F990000</u>	03174
	I street address of the current reg tment of State: (If resigned, ente		d office on file wit	th the
	C T CORPORATION SYSTE	М		
	1200 SOUTH PINE ISLAND F	ROAD		
	PLANTATION	FL	33324	
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office Corporation Service Company			
				00 \ 10 P
	1201 Hays Street			TO ST CO
	Tallahassee	FL	32301	: 52
The street addre	ess of its registered office and the identical.	ne street address of the bu	siness office of its	registered agent,
Such change wa authorized by th	s authorized by resolution duly le board, or the corporation has	adopted by its board of debeen notified in writing o	lirectors or by an of the change.	officer so
Signatur	e of an officer or director	Jill Cilmi — բոնն	ed or typed name and titl	Vice President
I further agree to of my duties, an document is bei corporation has	the appointment as registered to comply with the provisions of an familiar with and accepting filed merely to reflect a chain been notified in writing of this a Service Company	agent and agree to act in t f all statutes relative to the t the obligation of my post nge in the registered office change.	this capacity. e proper and com	nlete verformance
By: The	nature of Registered Agent	09/07/2022 	Date	
-	half of an entity:			
	Asst. Vice President ped 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)