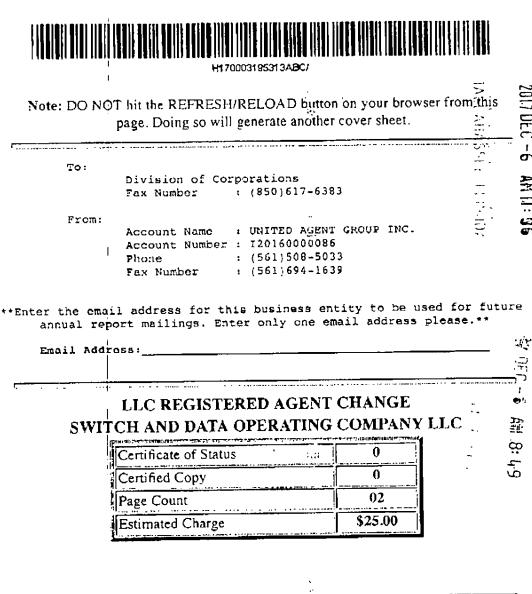
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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DEC 07 2017 Y SULKER

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited hability company submits the following statement in order to change its registered office or registered ogent, or both, in the State of Florida.

Florida		SWITCH AN	iD DATA	OPERAT	TING COMPAN	IY L L C		
	me of the limited liability co			-			<u> </u>	
2. (a) <u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)					
	ONE LAGOON DRIVE 4TH FLOOR			ONE LAGOON DRIVE 4TH FLOOR				
	REDWOOD CITY, CA 94065		REDWOOD CITY, CA 94065					
	03/06/2003		M03000000770					
3.	Date of filing/regis		4.		Document numb	cr		
5. (a)	Registered Agent and Registered INCORPORATING ST		of the Florida	Dept, of Sta	te:			
	Registered Office Address @	egistered Office Address <u>CMUST BE FLORIDA STREET ADDRESS</u>) 1540 GLENWAY DR						
	TALLAHASSEE		FL_32301				rij	
(b)	Enter name of NEW Registered	Agent and/or NEW Register	red Office ad	iduces:	_		9EC	
	United Agent Group Inc.				_	•:	Ârl	
	NEW Registered Office Address:						9	
	11380 Prosperity Fam	ms Road #221E				Ē	54	
	Palm Beach Gardens				_			
the ch agent	limited liability company is tange or changes are made, it will be identical. Or, in the vere authorized by an affirmaticles of organization or the	case of a Florida limited	d liability of rs of the lint the limited	company, it mited liabil liability co	t is hereby confirm lity company or as ompany.	ned that the otherwise	e change(s)	
			Do	Donna Hamson, Attorney-in-ract				
l her provi the or	where of a member or authorized to some of all statutes relative sions of all statutes relative higations of my position as trely reflect a change in the led in writing of this change. Donna Harrison, Sp	as registered agent and to the proper and comp registered agent as prov registered office address	agree to a lete perfori vided for in s, I hereby	ct in this co nance of m Chapter 6 confirm th	Printed or typed napacity. I further ny duties, and I am 105, F.S. Or, if this at the limited liab			
Signa	nure of Registered Agent Divisio	on of Corporations• P.	O. Bpx 63:	275 Talisi	hassee, FL 32314			