M1600000044

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

Office Use Only



900297894369

04/17/17--01018--015 **25.00

FILED SEAT SEAT OF ALLOW

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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 13, 2017

Order#: 600092-010

Re: CLARIENT GLOBAL LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25 .

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: Ami Casper

c/o Corporation Service Company
2711 Centerville Road, Suite 400

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 LIMITED LIABILITY COMPANY

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

| 1. N | ame of the limited liability company: CLARIENT GLO | DBAL LLC | |
|---------------------------|---|---|--|
| 2 (a) | 55 Water Street | (b) | |
| 2. (1) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | New York, NY 10041 | | |
| | 01/04/2016 | M160 | 000000044 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5 (0) | C T Corporation System | | |
| 5. (a | Registered Agent and Registered Office shown on the records of t | the Florida Dept. o | f State: |
| | 1200 South Pine Island Road | • | |
| | Registered Office Address (MUST BE FLORIDA STREET A | ADDRESS) | |
| | indigital Cince radios (Indigital Superior Reserve | IDDINESO) | |
| | | | |
| | Plantation , FL | 33324 | |
| | | | |
| (b) | Corporation Service Company | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office address: | න් නමා — සිමික |
| | | | |
| | 1201 Hays Street | | |
| | NEW Registered Office Address: | | <u> </u> |
| | | | 09 |
| | | | |
| | Tallahassee | 32301 | |
| | ,112 | 02001 | |
| the ch agent was/w | limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the | the registered of ability company of the limited lia | office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in |
| | /s/ Debbie Young | Debbie Yo | ung, Authorized Person |
| Sign | ature of a member or authorized representative of a member | | Printed or typed name of signee |
| provis the ob to me | eby accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change. | ee to act in this performance of d for in Chapter hereby confirm | capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been |
| Signat | ure of Registered Agent Corporation Service Company | BY: Ami M. | Casper, Asst. Vice President |

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00