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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ashley Seeman ashley.seeman@cscglobal.com

Date: September 4, 2019

Order#: 892154-006

Re: C-4 ANALYTICS, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

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: Ashley Seeman 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 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: C-4 ANALYTIC | S, LLC | | | |
|--|--|---|--|---|--|
| 2. (a) | (a) 1496 VIA SANGROL PLACE | | (b) 701 Edgewater Drive Suite 400 | | |
| z. (u) | Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS) | | Mailing address of limit (Note: MAY BE PO | | |
| | WINTERPARK FL 32792 | _ | Wakefield, MA 01880 | , | |
| | 05/26/2017 | _ | M17000004564 | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | • | |
| 5. (a |) INCORP SERVICES, INC | | | | |
| 5. (a | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of State: | | |
| | 17888 67TH COURT NO. | | | _ | |
| Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | 至 6 | |
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| | LOXAHATCHEE , F | 33470 | | -6 I | |
| (b) | 127 | | | ELORION 16 | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | d Office ado | lress: | 6 | |
| | 1201 Hays Street | | | | |
| | NEW Registered Office Address: | | | | |
| | | | | | |
| | Tallahassee | 1, 32301 | | | |
| the chagent was/v | limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the | f the regis iability co of the lim | tered office and the business of mpany, it is hereby confirmed ited liability company or as of | office of the registered that the change(s) | |
| | /S/ Bill Hollyer | Bill | Hollyer, CFO | | |
| Sign | ature of a member or authorized representative of a member | | Printed or typed name | e of signee | |
| provis the ob- to me | eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address. I ged in writing of this change. | ree to act e perform ed for in (hereby co | in this capacity. I further agr ince of my duties, and I um far hapter 605, F.S. Or, if this do infirm that the limited liability | ree to comply with the miliar with and accept ocument is being filed company has been | |
| Signat | ure of Registered Agent Corporation Service Company | BY: G | race E. Kirby, Asst. Vice Pr | resident | |