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| (Re | equestor's Name) | |
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| (Ac | idress) | |
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| (Ci | ty/State/Zip/Phon | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | usiness Entity Na | me) |
| (Do | ocument Number |) |
| Certified Copies | Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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| | \$7 | 35.00 |
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: SIPSTORM, Inc.

Name of Corporation

DOCUMENT NUMBER, P04000129163

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Donald C Davis

Name of Contact Person

SIPSTORM, Inc.

Firm/Company

205 South Hoover Blvd

Address

Tampa, FL 33609

City/State and Zip Code

don.davis@sipstorm.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Donald C. Davis

,813

579-1036

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address: Amendment Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

| statement of cha | unge is submitted for a corporation organ | 12, 607.1508, or 617.1508, Florida Statutes, nized under the laws of the State of <mark>Florida</mark> ered agent, or both, in the State of Florida. | this |
|--|---|---|------------------|
| 1. The name of | the corporation: SIPSTORM, Inc. | | |
| 2. The principal | office address: 205 South Hoove | r Blvd, Suite 300, Tampa, FL 3 | 3609 |
| 3. The mailing a | address (if different): Same as Above | ve | |
| 4. Date of incor | poration/qualification: 9/13/2004 | | 163 |
| 5. The name and | | agent and registered office on file with the ed) | |
| | DON Davis | | 7 0 |
| | 5410 Mariner Street, Suite 1 | 175 | 00T 12 |
| | Tampa, FL 33609 | | îri " |
| 6. The name and (if changed): | d street address of the new registered age | nt (if changed) and /or registered office | M11: 59 |
| | Donald C. Davis | | |
| | 250 South Hoover Blvd, Suite 300 | | |
| | P.O. Box NOT acceptable | | |
| | Tampa, FL 33609 | | |
| The street address changed will | ess of its registered office and the street be identical. | address of the business office of its registe | ered agent, |
| Such change w authorized by the | as authorized by resolution duly adopted he board, or the corporation has been no | I by its board of directors or by an officer stifled in writing of the change. | 50 |
| Del | c 9 | Donald C. Davis/CFO | |
| - | are of an officer or director | Printed or typed name and litle | |
| I hereby accept I further agree performance of agent. Or, if th hereby confirm | the appointment as registered agent an to comply with the provisions of all state my duties, and I am familiar with and a is document is being filed merely to refl that the corporation has been notified i. | d agree to act in this capacity. utes relative to the proper and complete accept the obligation of my position as regi ect a change in the registered office addre in writing of this change. | istered ss, I |
| (2) -e | () | September 22, 2017 | |
| Sig | nature of Registered Agent | Date | |
| If signing on be | chalf of an entity: | | |
| SIPSTORM | Л, Inc. | | |
| | yped or Printed Name | | |

* * * FILING FEE: \$35.00 * * *