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

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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: Lindsey Baronie lindsey.baronie@cscqlobal.com

Date: October 8, 2020

Order#: 449302-012

Re: VERTAFORE, INC.

Enclosed please find:

XX \_\_ Change of Registered Agent and Office.

XX Check in the amount of \$35.

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: Lindsey Baronie 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.

OUCA.XCOA

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

•	_	9502, 607,1508, or 617,1508, Florida Sta ganized under the laws of the State of De	
		gistered agent, or both, in the State of Flor	
1. The name of the	ne corporation: VERTAFORE, INC.		
2. The principal	office address: 999 18th Street, Suite	e 400, Denver, CO 80202	
3. The mailing ac	ddress (if different):		
4. Date of incorp	oration/qualification: July 23, 199	Document number: P30266	
	street address of the current registere tment of State: (If resigned, enter resi	ed agent and registered office on file with gned)	the
	CT Corporation System		
	1200 South Pine Island Road		
	Plantation	FL 33324	2820
6. The name and (if changed):	street address of the new registered a	agent (if changed) and /or registered office	<b>7</b> 7
	Corporation Service Company		n 300 €
	1201 Hays Street		
	P.O.	Box NOT acceptable	ुं स
	Tallahassee	FL 32301	
		eet address of the business office of its r	
Such change wa authorized by th	s authorized by resolution duly ador board, or the corporation has been	oted by its board of directors or by an of inotified in writing of the change.	ficer so
₫	ZK )	John K. Stipancich	Vice President
Signitur	e of an officer or director	Printed or typed name and title	
l further agree t of my duties, and document is beil corporation has	d I am familiar with and accept the c	tatutes relative to the proper and compl obligation of my position as registered a n the registered office address, I hereby (	igent. Or. if this
By: Jumbus M. Bazones O Signature of Registered Agent Lindsey M. Baronie, Asst. Vice President		10/8/2020 Date	<del></del>
	half of an entity:		
ту	rped or Printed Name		

: •

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)