P96000019270

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(Address)					
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RA ROCHS

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COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: SYKES ENTERPRISES, INCORPORATED

Name of Corporation

DOCUMENT NUMBER, P96000019270

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:

Ashley Speyer

Name of Contact Person

PARACORP INCORPORATED

Firm/Company

2804 GATEWAY OAKS DRIVE #200

Address

SACRAMENTO, CA 95833

City/State and Zip Code

ANNUALREPORTS@MYPARACORP.COM

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

For further information concerning this matter, please call:

Ashley Speyer

....888 \272-372

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	provisions of sections 607.0502, 617.050 unge is submitted for a corporation organ	nized under the laws of the State of	FLORIDA	<i>S</i>
	r to change its registered office or regist	,		
1. The name of	the corporation: SYKES ENTERPH	RISES, INCORPORATED	}	
	office address: 400 NORTH ASHI FL 33602	LEY DRIVE SUITE 2800		
3. The mailing a	ddress (if different):			
4. Date of incorp	poration/qualification: 3/1/1996	Document number: P9600	0019270)
	I street address of the current registered a timent of State: (If resigned, enter resigne	~ ~	ith the	
	CORPORATION SERVICE	COMPANY		
1201 HAYS STREET				
	TALLAHASSEE, FL 32301-2	525	: ~2	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office		2016 JUI 9	
	Paracorp Incorporat	ted	• •-	
155 Office Plaza Drive, 1st Floor				
P.O. Box NOT acceptable			_	1.7 riù ,
	Tallahassee, FL 323	01		_
	ess of its registered office and the street be identical. Is authorized by resolution duly adopted be board, or the corporation has been no			agent,
authorized by th	e board, or the corporation has been no			
Signatur	te of an officer or director	JAMES T. HOLDER, EV		ty
I hereby accept I further agree to performance of agent. Or, if thi hereby confirm	the appointment as registered agent and occupily with the provisions of all state my duties, and I am familiar with and a s document is being filed merely to refliched the corporation has been notified in	d garge to act in this canacity		red I
of the	delar	6/3/2016		
Sign	nature of Registered Agent	Date		
If signing on bel	nalf of an entity:			
	on, Asst. Secretary			
Ту	ped or Printed Name	7.007.00		
	* * * FILING FE	E: \$35.00 * * *		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)