(1/3)

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Florida Department of State Division of Corporations **Electronic Filing Cover Sheet**

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(((H15000036690 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6380

From:

: C T CORPORATION SYSTEM Account Name

Account Number : FCA000000023 : (850)222-1092 Phone

: (850)878-5368 Fax Number

**Enter the email address for this business entity to be used for that La manual report mailings. Enter only one email address please Email Address:

REGISTERED AGENT CHANGE IAC/INTERACTIVECORP

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Electronic Filing Menu

Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

2/12/2015

COVER LETTER

	ndment Section ion of Corporations	
SUBJECT:_	AC/InterActiveCorp	
	Name of Corp	oration
DOCUMEN	T NUMBER:	
The enclosed	Statement of Change of Registered Office/	gent and fee are submitted for filing.
Please return	all correspondence concerning this matter to	the following:
	Anastasia Walkenberg	
	Name of Conta	et Person
	1AC/InterActiveCorp	
	Firm/Com	pany
	555 West 18th Street	
	Addres	5
	New York, NY 10011	
	City/State and	Zip Code
	anastasia.walkenberg@iac.com	
	E-mail address: (to be used for futu	re annual report notification)
For further in	oformation concerning this matter, please cal	
Anastasia Wa		at (
	Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a	\$35.00 check made payable to the Departm	ent 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

CR2E045 (03/12)

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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 61 inge is submitted for a corporation organized under the law r to change its registered office or registered agent, or both	rs of the State of <u>he hadre</u>	
		·	
2. The principal	office address: 555 WEST 18TH STREET, NEW YORK, NY	10011	
 -	address (if different):		
4. Date of incorp	poration/qualification: 08/28/1986 Document n	number: Pl 1262	
	istreet address of the current registered agent and registered timent of State: (If resigned, enter resigned)	d office on file with the	
·	NRAI SERVICES, INC.	P For	20
	1200 South Pine Island Road		15 FE
	Plantation, FL 33324		FILE B 12
6. The name and (if changed):	1200 South Pine Island Road Plantation, FL 33324 d street address of the new registered agent (if changed) and C T Corporation System	I /or registered office	ED AH IO
	C T Corporation System	STATE LORIDA	 -
	c/o C T Corporation System, 1200 South Pine Island Road	→	_
	P.O. Box NOT acceptable Plantation, Florida 33324		
The street address changed will	ess of its registered office and the street address of the bus- be identical.	siness office of its registered	l agent,
	as authorized by resolution duly adopted by its board of dine board, or the corporation has been notified in writing o	rectors or by an officer so f the change.	
	Joanne Hawkins,	Sr. VP and Deputy GC	
I hereby accept I further agree performance of agent. Or, if th hereby confirm	the appointment as registered agent and agree to act in the comply with the provisions of all statutes relative to the my dulies, and I am familiar with and accept the obligations document is being filed merely to reflect a change in the that the corporation has been notified in writing of this cities.	to taken traine and time	red I
C T Corporation System			
_	naure of Registered Agent chalf of an entity:	2/12/2015 Date	
т	yped 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 (03/12)