Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000379734 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:			

REGISTERED AGENT CHANGE UPWORK INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

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Corporate Filing Menu

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H230003797343

COVER LETTER

TO: Amendment Section Division of Corporations				
SUBJECT: UPWORK INC.				
Name of Corporation				
DOCUMENT NUMBER: F15000002366				
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:				
Lori Whalen				
Name of Contact Person				
Registered Agent Solutions, Inc.				
Firm/Company				
5301 Southwest Pkwy Suite 400				
Address				
Austin TX 78735				
City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Lori Whalen at (888)705-7274				
Name of Contact Person at (888) 705-7274 Area Code & Daytime Telephone Number				
Enclosed is a \$35.00 check made payable to the Department of State.				

Street Address: Amendment Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E045 (04/13)

Mailing Address: Amendment Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

	· · · · · · · · · · · · · · · · · · ·	ganized under the laws of the State of Delaware gistered agent, or both, in the State of Florida.				
1. The name of	the corporation: UPWORK INC.					
2. The principa	office address: 475 BRANNAN STRE	ET, SUITE 430, SAN FRANISCO, CA 94107				
3. The mailing	address (if different):					
4. Date of incom	rporation/qualification: 05/29/2015	Document number: F15000002366				
5. The name an Florida Depa	nd street address of the current registere artment of State: (If resigned, enter resi	ed agent and registered office on file with the gned)				
	REGISTERED AGENT SOULTIONS	, INC.				
	155 Office Plaza Dr., Suite A					
	Tallahassee, FL 32301					
6. The name an (if changed):	d street address of the new registered a	gent (if changed) and /or registered office				
	REGISTERED AGENT SOLUTIONS, INC.					
	2894 Remington Green Ln., Ste. A					
	P.O. Box NOT acceptable					
	Tallahassee, FL 32308					
The street address changed will	ess of its registered office and the stre	et address of the business office of its registered agent				
_		sted by its board of directors or by an officer so notified in writing of the change.				
Manazidel		Mackenzie Hibler, Authorized Person				
•	re of an officer or director	Printed or typed name and little				
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all si id I am familiar with and accept the o ing filed merely to reflect a change in s been notified in writing of this chang	and agree to act in this capacity. tatutes relative to the proper and complete performanc bligation of my position as registered agent. Or, if thi the registered office address, I hereby confirm that the ge.				
	Managedil	11/01/2023				
Sig	nature of Registered Agent	Date				
If signing on be	half of an entity:					
Mackenzie Hible	r, Asst. Secretary					
T	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 (04/13)