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Division of Corporations

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

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## REGISTERED AGENT CHANGE INTERFOLIO, INC.

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To: -

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

statement of cho	e provisions of sections 607.0502, 617.0502, 607.1508, or hange is submitted for a corporation organized under the l	aws of the State of Delaware
	der to change its registered office or registered agent, or be	oth, in the State of Florida.
1. The name of	f the corporation: Interfolio, Inc.	
2. The principal	al office address: 230 Park Avenue, 7th Floor, New York, New	w York, 10169
3. The mailing a	address (if different):	
4. Date of incorp	mporation/qualification: 04/10/2019 Document	t number: F19000002020
	nd street address of the current registered agent and register artment of State: (If resigned, enter resigned)	red office on file with the
	CORPORATION SERVICE COMPANY	
	1201 HAYS STREET	
	TALLAHASSEE, FL 32301-2525	
6. The name and (if changed):	nd street address of the new registered agent (if changed) are:	nd for registered office
	C T Corporation System	
	1200 South Pine Island Road	
	P.O. Box NOT acceptable Plantation, Florida 33324	
The street addre	ress of its registered office and the street address of the b	usiness office of its registered agent,
Such change wa	vas authorized by resolution duly adopted by its board of the board, or the corporation has been notified in writing	directors or by an officer so of the change.
$\mathcal{P}_{\mathbf{Y}_{R}}$	Renee Simonto	n, Vice President
Signatur		ned or typed name and fille
l kereby accept I further agree t of my duties, an locument is bei corporation has CTCopposition	nt the appointment as registered agent and agree to act in to comply with the provisions of all statutes relative to the notation of my point of amiliar with and accept the obligation of my point in the registered offices been notified in writing of this change.  A System	this capacity. he proper and complete performance sition as registered agent. Or, if this ce address, I hereby confirm that the
Stedent	06/01/202	<del></del>
,	ghature of Registered Agent	Date
-	chalf of an entity:	
	ıllis, VP & Asst. Secy.	
ly	Typed or Printed Name	
	* * * FILING FEE: \$35.00 * * *	

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By: