

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002350

Entity Name: FLEXENTIAL CORP.**Current Principal Place of Business:**8809 LENOX POINTE DRIVE
SUITE G
CHARLOTTE, NC 28273**Current Mailing Address:**8809 LENOX POINTE DRIVE
SUITE G
CHARLOTTE, NC 28273**FEI Number:** 59-3638780**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CFO & DIRECTOR
Name	NOONAN, BRIAN J
Address	8809 LENOX POINTE DRIVE SUITE G
City-State-Zip:	CHARLOTTE NC 28273

Title	CEO & DIRECTOR
Name	DOWNIE, CHRISTOPHER W
Address	8809 LENOX POINTE DRIVE SUITE G
City-State-Zip:	CHARLOTTE NC 28273

Title	VP
Name	JOHNSON, JILL R
Address	8809 LENOX POINTE DRIVE SUITE G
City-State-Zip:	CHARLOTTE NC 28273

Title	COO & DIRECTOR
Name	KRZA, MICHAEL
Address	11900 EAST CORNELL AVE BLDG B, 3RD FLOOR
City-State-Zip:	AURORA CO 80014

Title	GENERAL COUNSEL & DIRECTOR
Name	GUERRIERO, JOSEPH
Address	11900 EAST CORNELL AVE BLDG B, 3RD FLOOR
City-State-Zip:	AURORA CO 80014

Title	SECRETARY
Name	SMOLEN, DAVID
Address	188 THE EMBARCADERO SUITE 700
City-State-Zip:	SAN FRANCISCO CA 94105

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JILL R JOHNSON

VP OF TAXATION

06/15/2020

Electronic Signature of Signing Officer/Director Detail

Date