F11000002881

(Red	questor's Name)			
(Add	iress)			
(Add	iress)			
(City	//State/Zip/Phon	ie #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



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04/22/21--01015--022 **35.00

6/3/21



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: April 20, 2021

Order#: 763533-080

Re: ENDURANCE INTERNATIONAL GROUP - WEST, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of cha	mge is submitted for a corporation org	1502, 607,1508, or 617,1508, Florida Sta ganized under the laws of the State of De istered agent, or both, in the State of Flor	elaware
	the corporation: ENDURANCE INTER	·	
	office address: 5335 Gate Parkway.		
3. The mailing a	nddress (if different):		
4. Date of incorp	poration/qualification: 07/15/2011	Document number: F11000002	<u>2881</u>
5. The name and		d agent and registered office on file with	
	C T Corporation System		
	1200 South Pine Island Road		
	Plantation	FL 33324	2021
6. The name and (if changed):	I street address of the new registered a	gent (if changed) and /or registered office	;
	Corporation Service Company		
	1201 Hays Street		<u>C</u> 3
	P.O .	Box NOT acceptable	<u></u>
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the stre be identical.	et address of the business office of its re	egistered agent,
		ted by its board of directors or by an off notified in writing of the change.	
Xiel	2 aoni	Jill Cilmi, Vice President	
ignatu	re of an officer or director	Printed of typed name and title	
I further agree to of my duties, and document is being corporation has	the appointment as registered agent to comply with the provisions of all st d I am familiar with and accept the one filed merely to reflect a change in seen notified in writing of this chang	atutes relative to the proper and comple bligation of my position as registered a the registered office address. I hereby c	ete performance gent. Or, if this confirm that the
By: Cli	mlei	04/20/2021	
	nature of Registered Agent	Date	
If signing on be	half of an entity:		
	Asst. Vice President		
	* * * FILING i	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)