F14000001409

(Re	questor's Name)	
(Ado	dress)	
(Add	dress)	_
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
(Do	cument Number))
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		





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CSC - WILMINGTON
Suite 400
2711 Centerville Road
Wilmington De 19808
800-927-9800
302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Janis M. Smith janis.smith@cscglobal.com

Date: September 2, 2016

Order#: 255399-010

Re: AIRBNB PAYMENTS, 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: Janis M. Smith c/o Corporation Service Company 2711 Centerville Road, Suite 400 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	provisions of sections 607.0502, 617.0502 ange is submitted for a corporation organiz er to change its registered office or register	zed under the laws of the State of DELAN	WARE		
1. The name of	the corporation: AIRB 18 PAYMENTS, IN	c		_	
2. The principal	l office address: n Street, 4th Floor, San Francisco, CA 94		w	-	
3. The mailing	address (if different):			-	
4. Date of incor	poration/qualification: 03/28/2014	Document number: F14000001409)	<u>.</u>	
	d street address of the current registered ag- rtment of State: (If resigned, enter resigned				
	C T CORPORATION SYSTEM				
	1200 SOUTH PINE ISLAND ROAD				
í	PLANTATION	FL 33324	16 SEU TALL		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):				7	
	Corporation Service Company		PM 12: OF STA E. FLOR		
	1201 Hays Street				
	P.O. Box NOT at Tallahassee	cceptable FL 32301	20 10A		
The street address changed will	ess of its registered office and the street ac	ddress of the business office of its regist	tered agent,		
	as authorized by resolution duly adopted be board, or the corporation has been noting				
Je Je	ary of the corporation has been now	1 0 2.1. 10	ector		
I further agree performance of agent. Or, if th hereby confirm	the appointment as registered a sent and to comply with the provisions of all status my duties, and I am familiar with and accurate to reflect that the corporation has been notified in Service Company	es relative to the proper and complete cept the obligation of my position as reg ct a change in the registered office addr	zistered ess, I		
By: Unc	nature of Registered Agent	08/30/2016 Date			
If signing on behalf of an entity:					
Grace E. Kirby	, Assistant Vice President				
7	Typed or Printed Name				

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

* * * FILING FEE: \$35.00 * * *

CR2E045 (03/12)

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