F1500004a37

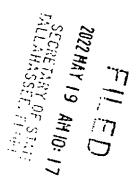
(Re	questor's Name)	
(Ada	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to F		
M	THORNE TO THE	
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Office Use Only



300386741793





CORPORATION SERVICE COMPANY

1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 674155 8361116

AUTHORIZATION :

COST LIMIT : \$\frac{35}{35}.00

ORDER DATE: May 13, 2022

ORDER TIME : 7:46 AM

ORDER NO. : 674155-164

CUSTOMER NO: 8361116

CHANGE OF AGENT

NAME: YOURPEOPLE, INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

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

statement of cha	nge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statum organized under the laws of the State of DE	
		or registered agent, or both, in the State of Flori - INC	da.
	the corporation: YOURPEOPLE,		
2. The principal	office address:	Floor 10, San Francisco, CA 94105	
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 09/24/201	5 Document number: F150000042	237
	I street address of the current regitment of State: (If resigned, enter	istered agent and registered office on file with the resigned)	ne
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND R	OAD	
	PLANTATION, FL 33324		
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):			
	Corporation Service Company		AHE A
	1201 Hays Street		2022 HAY 19 AM SECRETARY OF ALLAHASSEE, FI
	-	P.O. Box NOT acceptable	
	Tallahassee	FL 32301	
The street addre	ess of its registered office and the be identical.	e street address of the business office of its reg	gistered agent.
Such change wa authorized by th	s authorized by resolution duly se board, or the corporation has l	adopted by its board of directors or by an officeen notified in writing of the change.	cer so
	Sie e coni	Jill Cilmi, Vice President	
Signatur	e of an officer or director	Printed or typed name and title	
I further agree to of my duties, and document is bein corporation has	the appointment as registered a o comply with the provisions of d I am familiar with and accept ng filed merely to reflect a chan been notified in writing of this a n Service Company	gent and agree to act in this capacity. all statutes relative to the proper and complet the obligation of my position as registered ag ge in the registered office address. I hereby co change.	e performance ent. Or, if this onfirm that the
	. Z-Kuby	05/18/2022	
Sign	nature of Registered Agent	Date	
If signing on bel	half of an entity;		
 -	Asst. Vice President	_	
Ty	ped or Printed Name		
	* * * FILI	ING 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)