(((H23000039166 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : INCORP SERVICES INC

Account Number : I20120000007 : (702)866-2500 Fax Number : (702)900-2290

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

Email Address: Documents@incorp.com

REGISTERED AGENT CHANGE SENTINELONE DELAWARE, INC.

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$35.00 |

Electronic Filing Menu — Corporate Filing Menu

TO

COVER LETTER

| TO: | Amendment Section |
|-----|--------------------------|
| | Division of Corporations |

| SUBJECT: SENTINELONE DELAWARE, INC. | |
|--|--|
| Name of Corporation | |
| DOCUMENT NUMBER: F15000005074 | |
| The enclosed Statement of Change of Registered Office/Agent and fee are submitte | d for filing. |
| Please return all correspondence concerning this matter to the following: | |
| Joanna Fernandez | |
| Name of Contact Person | |
| InCorp Services, Inc. | 202 |
| Firm/Company | |
| 3773 Howard Hughes Pkwy Suite 500S Address | 2023 JAN 30 AM 7: 56 SECTALL AHASSEE, FL |
| Las Vegas, NV 89169-6014 | \$ 0 |
| City/State and Zip Code | |
| documents@incorp.com | 110 ··· |
| E-mail address: (to be used for future annual report notification) | 756 56 |
| For further information concerning this matter, please call: | |
| Joanna Fernandez for InCorp Services, Inc. at 800-246-2677 | T. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| Name of Contact Person Area Code & Daytime | : Telephone Number |
| Enclosed is a \$35.00 check made payable to the Department of State. | |

ied is a \$55.00 eneck made payable to the Department of Sta

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E045 (04/13)

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

| statement of | change is submitted for a corporatio | 617.0502, 607.1508, or 617.1508, Flo on organized under the laws of the Sta or registered agent, or both, in the Stat | te of Delaware | |
|--|--|---|----------------------------|--|
| | _ , | | | |
| The name of the corporation: SENTINELONE DELAWARE, INC. The principal office address: 444 Castro Street, 4th Floor MOUNTAIN VIEW, CA 94041 | | | | |
| 3. The maili | ng address (if different): | | | |
| 4. Date of in | corporation/qualification: 11/16 | 5/2015 Document number: | F15000005074 | |
| | and street address of the current regi- epartment of State: (If resigned, enter | stered agent and registered office on tresigned) | 873 1 | |
| | CARBAUGH, KENNETH | | LA | |
| | 1482 RESOLUTE ST | | N30 AM | |
| | CELEBRATION, FL 34747 | | SSE | |
| 6. The name (if change | and street address of the new registe | red agent (if changed) and /or register | 70 - 4 | |
| | InCorp Services, Inc. | | | |
| | 17888 67th Court North | | | |
| | Loxahatchee, FL 33470 | P.O. Box NOF acceptable | | |
| The street ac as changed v | ddress of its registered office and the will be identical. | e street address of the business offici | e of its registered agent. | |
| | e was authorized by resolution duly by the board or the corporation has b | adopted by its board of directors or l been notified in writing of the chang | oy an officer so e. | |
| Milita | 177 | David Bernhardt, Treast | ırer | |
| 55 | nature of an officer or director | Printed or typed nam | | |
| I further agr of my duties document is | ree to comply with the provisions of | gent and agree to act in this capacity all statutes relative to the proper an the obligation of my position as registered office address, I change. | d complete performanc | |
| | Signature of Registered Agent | January 25 | . 2023 | |
| | Signature of Registered Agent | Date | | |
| If signing or | i behalf of an entity: | | | |
| Isabel Burgo | s on behalf of inCorp Services, Inc. | ••• | | |
| | Typed or Printed Name | | | |
| | * * * FIL.1 | NG 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)