F16000000 955

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



800340253308



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Elizabeth Dawson elizabeth.dawson@cscglobal.com

Date: February 13, 2020

Order#: 156303-009

Re: COVERWALLET, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

 \overline{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: Elizabeth Dawson 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 char	rovisions of sections 607.0502, 617.0 nge is submitted for a corporation or to change its registered office or res	ganized under the law	s of the State of \underline{lack}	Delaware	<u> </u>	_
1. The name of th	ne corporation: COVERWALLET, IN	NC.				
2. The principal of	office address:					_
100 Ave of the A	Americas Floor 16, c/o Two Sigma I	nvestments, LLC, Ne	w York City, NY 1	0013		_
3. The mailing ac	ddress (if different):					
4. Date of incorp	oration/qualification: 02/29/2016	Document n	umber: <u>F160000</u>	00955		
5. The name and Florida Depart	street address of the current registere ment of State: (If resigned, enter resi	ed agent and registered igned)	d office on file with	n the		
	C T Corporation System				~9	<i>ب</i>
	1200 South Pine Island Road				020 F.E	(015174)
	Plantation	FL	33324		-8	- ₹. Q:
6. The name and (if changed):	street address of the new registered	agent (if changed) апс	l /or registered offi	ce	2020 FEB 17 AMII: 43	JIVISION OF TORPOSAN
	Corporation Service Company				ည်	-
	1201 Hays Street					
	Tallahassee) Box NOT acceptable FL	32301			
as changed will	ss of its registered office and the str be identical.		siness office of its			nt.
Such change was authorized by (fi	is authorized by resolution duly ado board, or the corporation has been	pted by its board of donoring of a	lirectors or by an of of the change.	officer so		
\rightarrow	xie E agni	Jill Cilmi, Vice P				_
	e of an officer or director		ed or typed name and titl	e		
I further agree to of my duties, an document is being corporation has	the appointment as registered agen to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change is been notified in writing of this change is Service/Company	statutes relative to the obligation of my pos in the registered offici	inis capacity. e proper and com ition as registered e address. I hereb	plete perf 'agent. () y confirm	orma Dr. if i that	nce this the
By: Clusale	eavan_	02/04/2020				_
·	nature of Registered Agent		Date			
If signing on be	half of an entity:					
	wson, Asst. Vice President					

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE