F14000002347

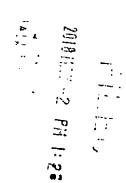
| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to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



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Valerie Miller valerie.miller@cscglobal.com

Date: April 30, 2018

Order#: 185065-010

Re: PELOTON INTERACTIVE, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$35.00.

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: Valerie Miller

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.

OUCA.XCOA

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

| statement of cha | inge is submitted for a corporation or | 0502, 607.1508, or 617.1508, Florida rganized under the laws of the State of gistered agent. or both, in the State of | DELAWARE | |
|--|--|--|----------------------------|--|
| 1. The name of | the corporation: PELOTON INTERAC | CTIVE, INC. | | |
| 2. The principal | office address: 125 WEST 25TH STI | REET, 11TH FLOOR, NEW YORK, N | Y 10001 | |
| 3. The mailing a | address (if different): | | | |
| 4. Date of incorp | poration/qualification: 05/23/2016 | Document number: F16000 | 002347 | |
| 5. The name and | | ed agent and registered office on file w | | |
| | COGENCY GLOBAL INC. | | _ | |
| | 115 NORTH CALHOUN STREET SUITE 4 | | | |
| | TALLAHASSEE | FL 32301 | | |
| 6. The name and (if changed): | I street address of the new registered | agent (if changed) and /or registered or | ffice 2 | |
| | Corporation Service Company | | T | |
| | 1201 Hays Street | | ፲. ፡ ርሃን - ca | |
| | P.O. Box Tallahassee | NOT acceptable FL 32301 | - | |
| - | | reet address of the business office of i | | |
| Such change wa authorized by th | as authorized by resolution duly adop ne board, or the corporation has been | pted by its board of directors or by an inotified in writing of the change. | officer so | |
| | el & agnie | JILL CILMI, VICE PRESIDENT | | |
| I hereby accept I further agree of performance of agent. Or, if the hereby confirm | my duties, and I am familiar with an | statutes relative to the proper and condaccept the obligation of my position reflect a change in the registered officed in writing of this change. | nplete n as registered | |
| By:) Sign | mature of Registered Agent | 04/30/2018 Date | | |
| If signing on be | half of an entity: | | | |
| | BY, ASST. VICE PRESIDENT | | | |
| T· | voed or Printed Name | | | |

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