F16000005239

(Req	uestor's Name)	
(Addi	ress)	
(Addi	ress)	
(City/	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busi	ness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
		_ .
Special Instructions to Fi	iling Officer:	
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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: Coa Uploads breana.jayne@cscglobal.com

Date: July 8, 2021

Order#: 896705-008

Re: WRIKE, 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.

 $XX_{\underline{}}$ Please return evidence to the following:

Attn: Coa Uploads 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	provisions of sections 607.0502, 617. inge is submitted for a corporation or ir to change its registered office or ret	ganized under the la	ws of the State of	DE
1. The name of	the corporation: WRIKE, INC.			
	office address: 70 N 2nd St			
San Jose, CA 9		· <u>-</u>		
3. The mailing a	address (if different):			
4. Date of incorp	poration/qualification: 11/23/2016	Document	number: F1600000)5239
	d street address of the current registere rtment of State: (If resigned, enter resi		ed office on file with	ı the
	INCORP SERVICES, INC.			
	17888 67TH COURT NORTH			
	LOXAHATCHEE, FL 33470			
6. The name and (if changed):	d street address of the new registered a	agent (if changed) and	d /or registered offic	:e
	Corporation Service Company			
	1201 Hays Street			
	P.O	Box NOT acceptable		
	Tallahassee	FL	32301	
The street address changed will	ess of its registered office and the street be identical.	eet address of the bu	siness office of its	registered agent.
Such change wa authorized by th	as authorized by resolution duly adorne board, or the corporation has been	oted by its board of o notified in writing o	firectors or by an o of the change.	fficer so
Huston	1064.95	Antonio G. Gon	nes - Secretary	
Signatu	re of an officer or director	Print	ed or typed name and title	- Land Str Amer.
of my duties, an document is bei corporation has	the appointment as registered agent to comply with the provisions of all s id I am familiar with and accept the c ng filed merely to reflect a change in s been notified in writing of this chan n Service Company	obligation of my pos i the registered office	ilion as registered i	agent.: Or. at this
By: Y\a	aco Cokubia	07/08/202		
<u>~ ⊖518</u>	nature of Registered Agent		Date	
If signing on be	half of an entity:			
Grace E. Kirby,	Asst, Vice President			
T ₂	yped or Printed Name			

* * * FILING 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)