## F18000002534

(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



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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: Meghan Groom meghan.groom@cscglobal.com

Date: June 29, 2021

Order#: 882738-011

Re: VALIDITY, 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: Meghan Groom 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	provisions of sections 607.0502, 617. uge is submitted for a corporation or to change its registered office or re	ganized under the law	s of the State of _	DE		
1. The name of the	he corporation: VALIDITY, INC.					
2. The principal	office address: 200 CLARENDON S	TREET Floor 22 BOS	TON, MA 02116			
3. The mailing a	ddress (if different):		<u>-</u> _			
4. Date of incorp	Date of incorporation/qualification: 05/29/2018 Document number: F18000002534					
5. The name and	street address of the current register tment of State: (If resigned, enter res	ed agent and registere				
	C T CORPORATION SYSTEM		_	2021		
	1200 SOUTH PINE ISLAND ROA	D				
	PLANTATION	FL	33324			
6. The name and (if changed):	street address of the new registered  Corporation Service Company	agent (if changed) and	I /or registered off	PH 1: 29		
				-		
P.O. Box. NOT acceptable						
	Tallahassee	FL	32301	_		
	ss of its registered office and the st be identical.					
Such change wa authorized by th	is authorized by resolution duly add the board, or the corporation has bee	opted by its board of d in notified in writing o	lirectors or by an of the change.	officer so		
Xie	e 2 aonie	Jill Cilmi, Vice F	Jill Cilmi, Vice President			
Signatur	re of an officer or director	Print	ed or typed name and it	ile		
I further tigrée to of my duties, an document is beil corporation has	the appointment as registered agents comply with the provisions of all dI am familiar with and accept the ng filed merely to reflect a change of this change of the company	statutes relative to the obligation of my posion the registered offici	e proper and con ition as registere	a avena. Un. D aus		
By: Drace C-Kubi 06/28/2021						
	nature of Registered Agent		Date			
If signing on be	half of an entity:					
	Asst. Vice President  yped or Printed Name					

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)

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