

# F18 000005082

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Tryfacta, Inc.

Name of Corporation

**DOCUMENT NUMBER:** F18000005082

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ratika Tyagi

Name of Contact Person

Tryfacta, Inc.

Firm/Company

4637 Chabot Drive, Suite 100

Address

Pleasanton, CA 94588

City/State and Zip Code

rfp@tryfacta.ai

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adesh Tyagi

Name of Contact Person

at ( 408 ) 893-5500

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

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

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Tryfacta, Inc.
2. The principal office address: 4637 Chabot Drive, Suite 100, Pleasanton, CA 94588
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/11/1996 Document number: F18000005082
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Dhiraj Tyagi

1270 Camellia Circle

Weston, FL33326

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Registered Agents Inc.

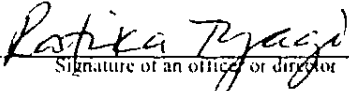
7901 4th St N STE 300

P.O. Box NOT acceptable

St. Petersburg FL 33702

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.


Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Ratika Tyagi

Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
Signature of Registered Agent

03/11/2021

Date

If signing on behalf of an entity:

Bill Havre

Typed or Printed Name

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

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2021 APR -2 PM 12:25