

F-19 50000 5082

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

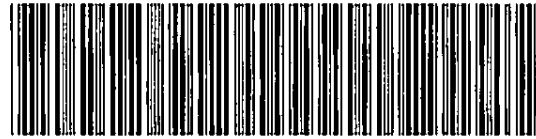
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2021 NOV 12 AM 2:38  
SECRETARY OF STATE  
TALLAHASSEE, FL 32310



2021 NOV 12 PM 8:09

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 22, 2021

ADESH TYAGI  
4637 CHABOT DRIVE  
SUITE 100  
PLEASANTON, CA 94588 US

SUBJECT: TRYFACTA, INC.  
Ref. Number: F18000005082

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Jasmine N Horne  
Regulatory Specialist II

Letter Number: 721A00025149

## 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:

Adesh Tyagi

Name of Contact Person

Tryfacta, Inc.

Firm/Company

4637 Chabot Drive, Suite 100

Address

Pleasanton, CA 94588

City/State and Zip Code

rtp@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: 10/22/18 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)

resigned

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

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TALLAHASSEE, FL 32314

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

Adesh Tyagi, President

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

09/30/2021

Date

If signing on behalf of an entity:

Bill Havre

Typed 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