## FIGURE 1

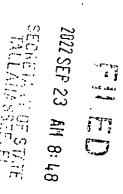
(Requestor's Name)				
(Address)	<u></u>			
· · ·				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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2022 SEP 23 PH 3: 31



A. BUTLER SEP 2 6 2022

CORPORATION SERVICE COMPANY

1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : 12000000195				
REFERENCE : 962177 8329966				
AUTHORIZATION :				
COST LIMIT COST BOOK OF THE COST LIMIT COST				
······································				
ORDER DATE : September 19, 2022				
ORDER TIME : 2:02 PM				
ORDER NO. : 962177-029				
CUSTOMER NO: 8329966				
CHANGE OF AGENT				
NAME: SERVICETITAN, INC.				
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
CERTIFIED COPY  XX PLAIN STAMPED COPY				
CONTACT PERSON: Eyliena Baker				
EXAMINER'S INITIALS:				

## ${\boldsymbol \cdot}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.050 nge is submitted for a corporation organ r to change its registered office or regista	ized under the laws of the State of _	DELAWARE		
1. The name of t	he corporation: SERVICETITAN, INC.				
2. The principal 801 NORTH BF	office address: RAND BLVD. SUITE:700 GLENDALE, (	CA 91203			
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 04/18/2019	Document number: F190000	)01921		
	street address of the current registered a tment of State: (If resigned, enter resigne		th the		
	COGENCY GLOBAL INC.		_		
	115 NORTH CALHOUN STREET SUITE:4				
	TALLAHASSEE	FL 32301			
(if changed):	1201 Have Street		72 SEP 23		
	Tallahassee	FL 32301	Hay 69		
	Tallahassee  So of its registered office and the street be identical.  So authorized by resolution duly adopted board, or the corporation has been no				
Signatur	e of an officer or director	Printed or typed name and til	ie		
I further agree t of my duties, an document is bei corporation has	the appointment as registered agent am o comply with the provisions of all state of I am familiar with and accept the obli- ng filed merely to reflect a change in the been notified in writing of this change. I Service Company	utes relative to the proper and comigation of my position as registered eregistered eregistered eregistered office address. I hereb	plete performance Layent. Or, if this by confirm that the		
By: J	nature of Registered Agent	09/22/2022 Date			
If signing on bel					
	Asst. Vice President				
•	* * * FILING FE	E: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314