**Division of Corporations** Electronic Filing Cover Sheet

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(((H220000075663)))



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To:

Division of Corporations

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Account Name : C T CCRPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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## REGISTERED AGENT CHANGE SLACK TECHNOLOGIES, INC.

Certificate of Status	0
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Corporate Filing Menu

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

statement of cha	inge is submitted for a corporation	17,0502, 607,1508, or 617,1508, Florida Stat organized under the laws of the State of <mark>Del</mark> registered agent, or both, in the State of Flor	ware	
1. The name of	the corporation: Slack Technologies	s, Inc		
2. The principal	office address: 500 Howard St., San	Francisco, CA, 94105		
3. The mailing a	nddress (if different):			
4. Date of incorp	poration/qualification: 3/11/202	Document number: F20000001	469	
	d street address of the current regist timent of State: (If resigned, enter r	tered agent and registered office on file with tresigned)	he	
	Corporate Service Company			
	1201 Hays Street			
	Tallahassee, FL, 32301			
6. The name and (if changed);	I street address of the new registere	ed agent (if changed) and /or registered office		
	C T Corporation System			
	1200 South Pine Island Road			
		P.O. Box NOT acceptable		
	Plantation, Florida 33324			
as changed will	be identical.	street address of the business office of its re		
Such change was authorized by the	as authorized by resolution duly a he board, or the corporation has be	dopted by its board of directors or by an off een notified in writing of the change.	icer so	
	ple Stren	Gabe Stern, VP, Lega	1	
7:	PERFORMANTE director	Printed or typed name and title	'&	
of my duties, an document is bei	the appointment as registered ag to comply with the provisions of a old I am familiar with and accept thing filed merely to reflect a chang s been notified in writing of this ci	ent and agree to act in this capacity. It stanutes relative to the proper and complete obligation of my position as registered as a in the registered office address, I nereby change.	ete pérsornage gehi Or if his confirm that the	
C T Corporation	1 System Town	01/06/2022	3837 3857	FILED
Sig	miture of Registered Agent	Date	mg <b>A</b>	Ö
If signing on be	half of an entity:		0.13 0.13 0.13	
Kaity <sup>*</sup>	Toon, Asst. Sect.		<b>ID: 34</b> S TATE LORID	
Т	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)

By: