Division of Corporations **Electronic Filing Cover Sheet**

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(((H22000365742 3)))



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To:

Division of Corporations

Fax Number : (850)617-6380

From:

: REGISTERED AGENTS INC. Account Name

Account Number : I2009000081

Phone

: (307)200-2803

Fax Number

: (855)330-1010

THEnter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

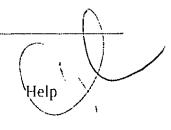
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REGISTERED AGENT CHANGE 8X8, INC.

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Electronic Filing Menu

Corporate Filing Menu



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

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Stat nge is submitted for a corporation organized under the laws of the State of Dela r to change its registered office or registered agent, or both, in the State of Flor	aware	
1. The name of t	he corporation: 8x8, Inc.		
	office address: 7901 4th St N STE 300 St. Petersburg FL 33702		
3. The mailing a	ddress (if different): 7901 4th St N STE 300 St. Petersburg FL 3370	2	
	poration/qualification: 03/30/2020 Document number: F2000000		
5. The name and	I street address of the current registered agent and registered office on file with t tment of State: (If resigned, enter resigned)	he	
	CT CORPORATION SYSTEM		202
	1200 SOUTH PINE ISLAND ROAD		2022 OCT 25
	PLANTATION, FL 33324	: -	25
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered office		AM 8: 2
	Northwest Registered Agent LLC		2
	7901 4th St N STE 300		
	P.O. Box NOT acceptable St. Petersburg FL 33702		
The street addre	ess of its registered office and the street address of the business office of its rebe identical.	gistered	agent,
Such change wa authorized by th	as authorized by resolution duly adopted by its board of directors or by an off se board, or the corporation has been notified in writing of the change.	icer so	
<u>Samu</u> Signatu	Samuel Wilson, CFO Printed or typed name and title		<u> </u>
I hereby accept I further agree to of my duties, an document is bei corporation has	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and comple d I am familiar with and accept the obligation of my position as registered as ng filed merely to reflect a change in the registered office address, I hereby c been notified in writing of this change.	te perfo gent. Or onfirm t	rmance ; if this hat the
Ton Gl	10/25/2022		
Sig	nature of Registered Agent Date		
If signing on be	half of an entity:		
Tom Glove			
τ	* * * FILING FFF: \$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)