(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
City City				

Office Use Only



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

statement of cha	provisions of sections 607,0502, 617,05 mge is submitted for a corporation orga r to change its registered office or regis	nized under the laws of the State (of Delaware	
	the corporation: OctoML, Inc.		•	
2. The principal	office address: 2788 San Tomas Expre	ssway, Santa Clara, CA 95051		
3. The mailing a	iddress (if different): 2530 Zanker Road	, San Jose, CA 95131		
	poration/qualification: 08/12/2020		00003517	
	I street address of the current registered tment of State: (If resigned, enter resign		with the	
	REGISTERED AGENTS INC.			
	7901 4TH ST N, STE 300		Z0Z4 OCT ZECRET	
	ST. PETERSBURG	FL 33702		
6. The name and (if changed):	l street address of the new registered ago	ent (if changed) and /or registered	ARY OF ST	
	Corporation Service Company			
1201 Hays Street				
P.O. Box NOT acceptable				
	Tallahassee	FL 32301		
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office o	of its registered agent.	
Such change wa authorized by th	as authorized by resolution duly adopte ne board, or the corporation has been n	ed by its board of directors or by otified in writing of the change.	an officer so	
Roberca Per	ters	Rebecca Peters, Chief Executive	•	
_	re of an officer or director	Printed or typed name ar		
corporation nas	the appointment as registered agent a to comply with the provisions of all sta ad I am familiar with and accept the ob ing filed merely to reflect a change in t s been notified in writing of this change	nd agree to act in this capacity, tutes relative to the proper and c ligation of my position as registe he registered office address, I he ?.	complete performance gred agent. Or, if this greby confirm that the	
L K	n Service Company	10/03/2024		
By: Droce ?	nature of Registered Agent	Date		
If signing on be	half of an entity:			
GRACE E. KI	RBY, ASST. VICE PRESIDENT			
	yped or Printed Name			
	* * * FILING F	EE: \$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)