## F22000004054

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Docament Namber)
: Copies Certificates of Status
e Instructions to Filing Officer:
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RA ERO Charge

2023 FEB 15 AM 9: 07

A. RAMSEY FEB 1 6 2023



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

ACCOUNT NO. : 120000000195  REFERENCE : 493793 0 84,04230  AUTHORIZATION :  COST LIMIT : \$ 35.00
ORDER DATE : February 13, 2023
ORDER TIME : 1:30 PM
ORDER NO. : 493793-011
CUSTOMER NO: 8404230
CHANGE OF AGENT  NAME: NCINO OPCO, INC.
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:  CERTIFIED COPY  XX PLAIN STAMPED COPY
CONTACT PERSON: Eyliena Baker  EXAMINER'S INITIALS:

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

statement of ch	ange is submitted for a corporatio	617.0302, 607.7308, or 617.1308, Florida Statutes, this on organized under the laws of the State of DE or registered agent, or both, in the State of Florida.
	the corporation: NCINO OPCO, I	
		ARM DR WILMINGTON, DE 28405
3. The mailing	address (if different):	
4. Date of incorporation/qualification: 06/28/2022 Document number: F22000004054		
	nd street address of the current reginartment of State: (If resigned, enter	istered agent and registered office on file with the resigned)
	INCORPORATING SERVICES	S, LTD.
	1540 GLENWAY DRIVE	2623
	TALLAHASSEE	FL 32301
6. The name an (if changed):	•	ered agent (if changed) and /or registered office
	1201 Hays Street	P.O. Box NO Facceptable
	Tallahassee	FL 32301
The street addr as changed wil	ress of its registered office and th I be identical.	e street address of the business office of its registered agent.
Such change wauthorized by t	as authorized by resolution duly he board, or the corporation has	adopted by its board of directors or by an officer so been notified in writing of the change.
	Xie & Conie	JILL CILMI, VICE PRESIDENT
_	ure of an officer of director	Printed or typed name and title
I further agree of my duties, ar document is be corporation ha	to comply with the provisions of nd I am familiar with and accept	gent and agree to act in this capacity. all statutes relative to the proper and complete performance the obligation of my position as registered agent. Or, if this ge in the registered office address. I hereby confirm that the change.
_ Drac	· Cokubie	02/15/2023
	gnature of Registered Agent	1)ate
0 0	ehalf of an entity:	
GRACE E. KIRI	BY, ASST. VICE PRESIDENT	

\* \* \* FILING FEE: \$35.00 \* \* \*

Typed or Printed Name