Office Use Only



800414191128

2023 SEP - I AM 2: 48

2023 SEP - 1 AH 11: 49

RECEIVED



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

А	CCOUNT NO.	:	12000000019	95	
	REFERENCE	:	960998	8421143	
AUT	HORIZATION	:	V Xel.		
	COST LIMIT	:	XXXIIIXLECE \$1, 3 5.00	Mala	
ODDED DATE - Avenue	+ 20 2022				
ORDER DATE : Augus	L 29, 2023				
ORDER TIME : 10:12	MA				
ORDER NO. : 96099	8-021				
CUSTOMER NO: 84	21143				
CHANGE OF AGENT					
NAME: MI	TEK SYSTEMS,	IN	С.		
PLEASE RETURN THE F		PRO	OF OF FILIN	G:	
CERTIFIED COPY XX PLAIN STAMPED COPY					
CONTACT PERSON: Ey	liena Baker				

EXAMINER'S INITIALS:

FILED

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

statement of cha	nge is submitted for a corporation	517.0502, 607.1508, or 617.1508, Florida Stat in organized under the laws of the State of DE ir registered agent, or both, in the State of Flor			
1. The name of t	he corporation: MITEK SYSTEMS	S, INC.			
2. The principal	office address: 600 B STREET S	TE 100 SAN DIEGO, CA 92101			
3. The mailing a	ddress (if different):				
4. Date of incorp	oration/qualification: 06/21/202	Document number: F22000005	018		
	street address of the current regis tment of State: (If resigned, enter	stered agent and registered office on file with tresigned)	he		
	C T CORPORATION SYSTEM	ı	2		
	1200 SOUTH PINE ISLAND RO	OZ3 SE SECR TAL			
	PLANTATION	FL 33324			
6. The name and (if changed):	I street address of the new registered agent (if changed) and /or registered office				
	Corporation Service Company		2: 48 STATE E. FL		
	1201 Hays Street		1.1		
	P O Box NOT acceptable				
	Tallahassee	FL 32301			
as changed will	be identical.	estreet address of the business office of its re adopted by its board of directors or by an off been notified in writing of the change.			
lh Z	A_		Secretary		
I hereby accept I further agree t of my duties, an document is bein corporation has	o comply with the provisions of i	Printed or typed name and title gent and agree to act in this capacity, all statutes relative to the proper and complethe obligation of my position as registered age in the registered office address. I hereby change.	ete performance gent. Or, if this onfirm that the		
By: L)rae	o rekuble	08/29/2023			
Sign If signing on bel	nalf of an entity:	Date			
Grace E. Kirby, /	Asst. Vice President				
	ped or Printed Name	-			

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