

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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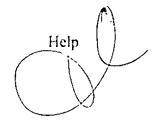
Doing so will generate another cover sheet.

To:	
	Division of Corporations
	Fax Number : (850)617-6380
From:	
	Account Name : C T CORPORATION SYSTEM
	Account Number : FCA000000023
	Phone : (954)208-0845
	Fax Number : (614)573-3996
an	the email address for this business entity to be used for future nual report mailings. Enter only one email address please.** ail Address:
an	nual report mailings. Enter only one email address please.** ail Address:
an	nual report mailings. Enter only one email address please.** ail Address:

Certificate of Status	0
Certified Copy	11
Page Count	02
Estimated Charge	\$43.75

Electronic Filing Menu

Corporate Filing Menu



To:

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

	•	1502, 607,1508, or 617,1508, Florida Statutes, this ganized under the laws of the State of Delaware	
•		istered agent, or both, in the State of Florida.	_
1. The name o	f the corporation: CHECKR, INC.		
2. The principa	al office address: 1 MONTGOMERY ST	, STE 2400	
	SAN FRANCISCO, C		
3. The mailing	address (if different):		
4. Date of inco	orporation/qualification: 11/07/2022	Document number: F22000006883	
	nd street address of the current registered artment of State: (If resigned, enter resigned,	d agent and registered office on file with the gned)	
	INCORP SERVICES, INC.		
	3458 LAKESHORE DRIVE		
	TALLAHASSEE, FL 32312		
6. The name ar (if changed)		gent (if changed) and /or registered office	
	C T Corporation System		
	1200 South Pine Island Road		
	P.O. 3	Box NOT acceptable	
	Plantation, Florida 33324		
The street add as changed wi	ress of its registered office and the stre ll be identical.	et address of the business office of its registered age	:nt,
Such change vauthorized by		ted by its board of directors or by an officer so notified in writing of the change.	
	Son U.S	JOE DAVIS, VICE PRESIDENT	
•	ture of an officer or director	Printed or typed name and title	_
I hereby accep I further agree of my duties, a document is be corporation he	of the appointment as registered agent of the to comply with the provisions of all st and I am familiar with and accept the of eing filed merely to reflect a change in as been notified in writing of this change	and agree to act in this capacity. atutes relative to the proper and complete performa bligation of my position as registered agent. Or, if t the registered office address, I hereby confirm that t ge.	nce this the
CT Corporatio	on System Sac Channels	08/02/2023	
Si	gnature of Registered Agent	Date	_
If signing on b	ehalf of an entity:		
SEAN L. EME	RICK, ASSISTANT SECRETARY		
	Typed or Printed Name		
	* * * FILING 1	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: