10/10/24, 3:08 PM

Division of Corporations

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Account Name : C T CORPORATION SYSTEM

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Fax Number

: (614)573-3996

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REGISTERED AGENT CHANGE STREAMSETS, INC.

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

Ta:

Вуг

statement of ch	ange is submitted for a corporation org	1502, 607.1508, or 617.1508, Florida Statutes, this particular the laws of the State of Delawate istered agent, or both, in the State of Florida.	
		isterea agem, or voin, in the state of vioriaa.	
The name of The principa	the corporation: STREAMSETS, INC. 1 office address: 1875 S. GRANT ST., ST	FE. 810. SAN MATEO. CA 94402	
3. The mailing	address (if different):		
4. Date of incorporation/qualification: 12/27/2023 Document number: F23000007084			
5. The name an		d agent and registered office on file with the	
	CORPORATION SERVICE COMPAN	RY	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301-2525		
6. The name an (if changed):	-	gent (if changed) and /or registered office Box NOT acceptable	
	1200 South Pine Island Road		
	P.O Box NOT acceptable		
	Plantation, Florida 33324		
The street addras changed wil	ress of its registered office and the stre il be identical.	et address of the husiness office of its registered agent.	
Such change wanthorized by t	as authorized by resolution duly adop the board, or the corporation has been	ted by its board of directors or by an officer so notified in writing of the change.	
	0,2024 07 47 EDT) ure of an officer or director	CATHERINE BUCKLEY, ASSIST, SECRETARY Printed or typed name and title	
i further agree of my duties, a docúment is be corporation ha	is oven nounea in writing of this chang	latitles relative to the proper and complete performance obligation of my position as registered agent. Or, if this the registered office address, I hereby confirm that the	
C T Corporatio	in System See Chairman	09/11/2024	
St	gnature of Registered Agent	Date	
If signing on b	ehalf of an entity:		
SEAN L. EMEI	RICK, ASSISTANT SECRETARY		
	Typed or Printed Name		

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