

From: Amanda

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Page: 1 of 2

07/16/2024 9:31 AM

F24 000002292

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6380

From:

Account Name : TELOS LEGAL CORP.
Account Number : I20180000004
Phone : (888)565-2837
Fax Number : (888)565-2901

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: compliance@teloslegalcorp.com

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**REGISTERED AGENT CHANGE
NERDWALLET INSURANCE SERVICES, INC.**

Certificate of Status	0
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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

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Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Delaware in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: NERDWALLET INSURANCE SERVICES, INC.
2. The principal office address: 55 HAWTHORNE STREET, 10TH FLOOR
SAN FRANCISCO, CA 94105
3. The mailing address (if different): _____
4. Date of incorporation/qualification: 4/29/2024 Document number: F24000002292
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

CORPORATION SERVICE COMPANY1201 HAYS STREETTALLAHASSEE, FL 32301-2525

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Telos Legal Corp.155 Office Plaza DrP.O. Box NOT acceptableTALLAHASSEE, FL 32301

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Ekumene LysongeSignature of an officer or directorEkumene Lysonge, Chief Legal OfficerPrinted or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Susan BoadwaySignature of Registered Agent7/16/2024Date

If signing on behalf of an entity:

Susan BoadwayTyped or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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