## F98000002632

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entry Name)					
(Document Number)					
Certified Copies Certificates of Status					
<del></del>					
Special Instructions to Filing Officer:					



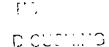


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CSC - WILMINGTON 251 Little Falls Drive De 19808 Wilmington

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: January 5, 2021

Order#: 584997-022

Re: DELTA DENTAL OF CALIFORNIA

Enclosed please find:

Change of Registered Agent and Office.

Check in the amount of \$35.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.
XX Please return evidence to the following:

Attn: Ami Casper

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

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

statement of che	provisions of sections 607.0502, c ange is submitted for a corporatio er to change its registered office o	n organized under the lav	ws of the State of Ca	lifornia
	the corporation: DELTA DENTAL	•		
2. The principal	office address: 560 Mission Stre	et, Suite 1300, San Fran	ecisco, CA 94105	
3. The mailing a	address (if different):			
4. Date of incor	poration/qualification: 05/08/199	8 Document i	number: <u></u> F980000026	632
	d street address of the current regirtment of State: (If resigned, enter	•	ed office on file with the	าย
	C T Corporation System			
	1200 South Pine Island Road		· · · · · · · · · · · · · · · · · · ·	
	Plantation	FL	33324	بې
6. The name and (if changed):	d street address of the new registe	red agent (if changed) and	d /or registered office	21 JAN - (
	Corporation Service Company			· · · · · · · · · · · · · · · · · · ·
	1201 Hays Street			TM 9: 1:3
	P.O. Box NOT acceptable			<u></u>
	Tallahassee	FL	32301	
The street addreas changed will	ess of its registered office and the local description is the identical.	e street address of the bu	siness office of its re	gistered agent,
Such change was authorized by the	as authorized by resolution duly he board, or the corporation has l	-	_	cer so
\\\	e E. Whee	Jill Cilmi, Vice	President	
I hereby accept I further agree of my duties, an document is bei corporation has	the appointment as registered a to comply with the provisions of all I am familiar with and accepting filed merely to reflect a changs been notified in writing of this in Service 20mpany	gent and agree to act in all statutes relative to th the obligation of my pos ge in the registered offic	e proper and complet	te performance ent. Or, if this onfirm that the
By: ( ) 1	, m Leil	01/05/2021		
Sig	thature of Registered Agent		Date	
lf signing on be	chalf of an entity:			
Ami M. Casper,	Asst. Vice President			
T T	voed or Printed Name	_		

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