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K. Brumble)

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,01/4 or 605,01/6, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. N	ame of the limited liability company: TABLEAU SOFT	TWARE.	1,1, €.				
2. (a)	415 Mission Street, 3rd Floor	(b	415 Miss	ion Street, 3rd I	Floor		
_, ,,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address (Note: MAY)		-	
	San Francisco, CA 94105		San Franc	risco, CA 94105	.		
	08/18/2021		L2100037	1167			
3.	Date of filing/registration in Florida	4.		Document n	umber		
5. (a)	CORPORATION SERVICE COMPANY						
(47	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Sta				
	1201 HAYS STREET						
	Registered Office Address (MUST BE FLORIDA STREET)	<u>iddress</u>	7	<u> </u>			
	TALLAHASSEE, FL	32301-2:	525	- -	, ·;···	207	
(b)	C T Corporation System					023 OCT 12	2
, - ,	Enter name of NEW Registered Agent and/or NEW Registered	Officeade	<u>tress</u> .		1 -	- 2	
						72	Day's
	NEW Registered Office Address:			_	<u>-</u>	<u>ن</u> 	<u></u>
	1200 South Pine Island Road			_	:-	39	
	Plantation FL	33324		_			
the changent was/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lic ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regis shility co of the lim	stered offic impany, it i ited liabili	e and the busi is hereby conf ty company or	iness officirmed tha	re of th t the c	he registered hange(s)
	Sarali 1/0ds -18090=652/94EC	ŚAR ———	AH DODS,	, PRESIDENT			
-	ture of a member or authorized representative of a member			Printed or type		•	
provis the obj to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I did no writing of this change. C.T. Corporation System SEARL EMERICA, ASSISTANT SECRETARY CONTROL OF THE COMPLETERS OF THE COMPL	ve to act perform d for in (iereny ci	in this cap ance of my Thapter 60 millim that	racity. I further duties, and I a 5, F.S. Or, if I the limited lie	er agree t am famili this docur ibility cor	o com ar with nent is npany	ply with the h and accept s being filed has been

Signature of Registered Agent