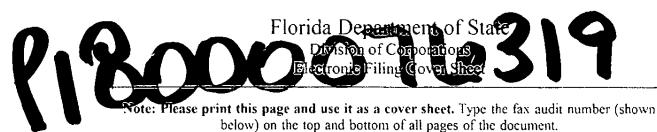
Division of Corporations



(((H200001239583)))



H200001239583ABC/

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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

Email Address:___

920 Hall -6 Pl 4: 07

REGISTERED AGENT CHANGE UDEMY, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$43.75

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PLEASE HONOR ORIGINAL DATE 04/28/2020

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

statement of ci	hange is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida Statutes, this tion organized under the laws of the State of Delaware or registered agent, or both, in the State of Florida.
1. The name o	of the corporation: UDEMY, INC.	
2. The princip	al office address: 600 Harrison Su	rect, Floor 3
3. The mailing		
4. Date of inco	orporation/qualification:09/07	7/2018 Document number: P18000076319
	nd street address of the current repartment of State: (If resigned, en	egistered agent and registered office on file with the ter resigned)
	SAVANNAH GORMAN	****
	1432 E PARK CIRCLE	2020 MAY -6 SECRETARY FALLAHASSE
	TAMPA, FL 33604	MAY -6
6. The name a (if changed)	<u>=</u>	stered agent (if changed) and /or registered office \Rightarrow \vdots
	C T Corporation System	
	c/o C T Corporation System, 12	00 South Pine Island Road
	Р	O Box NOT acceptable
	Plantation, Florida 33324	
The street add as changed wi	tress of its registered office and ill be identical.	the street address of the business office of its registered agent,
Such change vauthorized by	_ •	y adopted by its board of directors or by an officer so is been notified in writing of the change.
	Hoy Coccai	Gregy Coccari, CEO
I hereby accept further agre performance agent. Or, if a hereby confir	e to comply with the provisions of my duties, and I am familiar v this document is being filed mer	Printed or typed name and title I agent and agree to act in this capacity. of all statutes relative to the proper and complete with and accept the obligation of my position as registered ely to reflect a change in the registered office address, I notified in writing of this change. 3/2/2020
	Signature of Registered Agent	Date
If signing on l	behalf of an entity:	
Christine Kelr	m, Assistant Secretary	
	Typed or Printed Name	
	* * * FI	LING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TAILLAHASSEE, FL 32314
CR2E045 (03/12)