F05000002093

| (| Requestor's Name) | |
|---|----------------------|--------------|
| | Address) | |
| (| Address) | |
| (1 | City/State/Zip/Phone | #) |
| PICK-UP | WAIT | MAIL |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
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STATE MARY OF STATE

FALLAHAS SEE 1/1

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CSC - WILMINGTON
251 Little Falls Drive
. Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Ami Casper ami.casper@cscglobal.com

Date: September 15, 2020

Order#: 415693-013

Re: LIGHTRIVER TECHNOLOGIES, INC.

Enclosed please find:

XX Change of Registered Agent and Office.

XX 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 cha | nge is submitted for a corporat | , 617.0502, 607.1308, or 617.1308, Florida Statutes, this ion organized under the laws of the State of Callfornia or registered agent, or both, in the State of Florida. | |
|-------------------------------------|---|---|--|
| 1. The name of t | he corporation: LIGHTRIVER | TECHNOLOGIES, INC. | |
| 2. The principal | office address: 2150 John Gle | nn Drive, Suite 200, Concord, CA 94520 | |
| 3. The mailing a | ddress (if different): | | |
| 4. Date of incorp | oration/qualification: 04/04/2 | 005 Document number: F05000002093 | |
| 5. The name and | | gistered agent and registered office on file with the | |
| | Business Filings Incorporate | <u></u> | |
| | 1200 South Pine Island Road | | |
| | Plantation, FL 33324 | | |
| 6. The name and (if changed): | street address of the new regis | tered agent (if changed) and /or registered office | |
| | Corporation Service Compar | у | |
| | 1201 Hays Street | | |
| | | P.O. Box NOT scorptable | |
| | Tailahassee | FL 32301 | |
| as changed will | be identical. | the street address of the business office of its registered agent, | |
| Such change was authorized by th | is authorized by resolution duli be board, or the corporation ha | y adopted by its board of directors or by an officer so seen notified in writing of the change. | |
| ras | Jehr | Clare To have -CEO | |
| | re of an officer or director | • | |
| corporation has | the appointment as registered to comply with the provisions of I am familiar with and accengified merety to reflect a child been notified in writing of the Service Company | agent and agree to act in this capacity. of all statutes relative to the proper and complete performance of the obligation of my position as registered agent. Or, if this ange in the registered office address, I hereby confirm that the s change. | |
| By: C | Manure of Registered Agent | 09/15/2020 Date | |
| | half of an entity: | | |
| | Asst. Vice President yed 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
CR2E045 (04/13)