## F20000005319

(Requestor's Name)	
(Address)	3004
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	CH 2
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	4
Special Instructions to Filing Officer:	

Office Use Only



300408343163

RA & RO Charge

FILED

1023 MAY 25 AM 9: 04

104 AG MARY OF STATE



A. RAMSEY MAY 2 & 2023



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	05/25/2023	
Name:	Merritt Walker	_
	#:2009941	_
	ne:REDTAIL TE	CHNOLOGY, INC.
Artic	cles of Incorporation/Authorization	to Transact Business
☐ Ame	endment	
✓ Cha	inge of Agent	
☐ Reir	nstatement	
Con	version	
☐ Mer	ger	
☐ Diss	solution/Withdrawal	
☐ Ficti	itious Name	
Oth	er	<del></del>
Authorized	Amount: <b>\$35</b>	
Signature:	mw	

F: 800.944.6607

F: +852.2682.9790

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

000005319  ce/Agent and fee are submitted for filing.  er to the following:
ce/Agent and fee are submitted for filing.
er to the following:
gorion.com
ort notification)
call:
at ( 402 ) 896-7746
at ( 402 ) 896-7746  Area Code & Daytime Telephone Numb
rtment of State.
Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

Pursuant to the provisions of sections 66 statement of change is submitted for a co in order to change its registered	rporation organize	ed under the laws of the St	ate ofCA	
The name of the corporation: Redtail Technology, Inc.				
2. The principal office address:  2. The principal office address:		3131 Fite Circle		
	Sacramento, CA	95827		
3. The mailing address (if different):				
4. Date of incorporation/qualification: _	11/25/2020	Document number:	F20000005319	
5. The name and street address of the cur Florida Department of State: (If resign			file with the	
	C T Corporation	System		
	1200 South Pine Island Road		202	
	Plantation, FL 33324			
6. The name and street address of the ne (if changed):	w registered agent (	if changed) and /or registe	red office 25	
	Cogency Global Inc.		25. <b>25.</b> 25. 25. 25. 25. 25. 25. 25. 25. 25. 25.	
11:	5 North Calhoun S	treet, Suite 4		
		OT acceptable		
<del></del>	Tallahassee, Flori	da 32301		
The street address of its registered offic as changed will be identical.	ee and the street ad	dress of the business offic	ee of its registered agent.	
Such change was authorized by resolut authorized by the board, or the corpora	ion duly adopted b tion has been notif	y its board of directors or led in writing of the chan	by an officer so ge.	
Signature of an afficer of director		Kylee Beach, General Counsel & Secretary Printed or typed name and title		
I hereby accept the appointment as reg I further agree to comply with the prov of my duties, and I am familiar with an document is being filed merely to reflec corporation has been notified in writing	isions of all statute d accept the oblige it a change in the r	igree to act in this capaci is relative to the proper a ition of my position as reg egistered office address,	ty, nd complete performance sistered agent. Or, if this I hereby confirm that the	
LisaWorkman		May 1, 2023		
Signature of Registered Agent	•	Date	· · · · · · · · · · · · · · · · · · ·	
If signing on behalf of an entity:				
Lisa Workman				
Typed or Printed Name				

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