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Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338

Fax Number : (514)573-3996

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

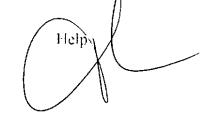
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REGISTERED AGENT CHANGE VIVACITY TECH PBC CO.

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Electronic Filing Menu

Corporate Filing Menu



From: David Thomas

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

statement of change is submitted for a corpor	02, 617,0502, 607,1508, or 617,1508, Florida Statutes, this ration organized under the laws of the State of <mark>Delawate ce or registered agent, or both, in the State of Florida.</mark>	
1. The name of the corporation: VIVACITY T	ГЕСП РВС СО.	
2. The principal office address: 641 Fairview A	Ave N. Suite 150, St. Paul, MN 55104	
3. The mailing address (if different):		
	Document number: F23000004947	
5. The name and street address of the current Florida Department of State: (If resigned, e	registered agent and registered office on file with the nterresigned)	
Cogency Global Inc.		
115 N. Calhoun St., Ste. 4	Tallahassee, FL 32301	
Tallahassee, FL 32301	EC EC	
6. The name and street address of the new reg (ifchanged):	DEC AHASSE AH 10: 2	
C T Corporation System	Di 2	
1200 South Pine Island Road	N	
Plantation, Fforida 33324	P.O. Box NO Facceptable	
The street address of its registered office and as changed will be identical.	d the street address of the business office of its registered agent.	
Such change was authorized by resolution d authorized by the board, or the corporation h	uly adopted by its board of directors or by an officer so has been notified in writing of the change.	
Signature of an officer or director	Rachel O'Connor, Secretary	
~	Printed or typed name and title ed agent and agree to act in this capacity, s of all statutes relative to the proper and complete performance cpt the obligation of my position as registered agent. Or, if this hange in the registered office address, I hereby confirm that the his change. 12/06/2023	
Signature of Registered Agent	Date	
If signing on behalf of an entity:		
SEAN L. EMERICK, Assistant Secretary		
Typed or Printed Name *** F	TILING 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)

By: