(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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2021 AUS 18 AM 9: 34

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RECEIVED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 967198 8145656

AUTHORIZATION : Spelle man

COST LIMIT : (\$ 3.5'.00

ORDER DATE : August 18, 2021

ORDER TIME : 2:20 PM

ORDER NO. : 967198-012

CUSTOMER NO: 8145656

CHANGE OF AGENT

NAME: OPENCITIES INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland

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

statement of ch	ange is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statute on organized under the laws of the State of DE		
		r registered agent, or both, in the State of Florida	7.	
	the corporation: OPENCITIES, IN			
2. The principal	office address: 1617 Main Street	, Kansas City, MO 64108		
3. The mailing a	nddress (if different): ⁴⁰⁸ Saint Pe	eter Street, Suite 600, Saint Paul MN 55102		
4. Date of incor	poration/qualification: 06/15/201	7 Document number: F1700000273	0	
5. The name and Florida Depart	d street address of the current registiment of State: (If resigned, enter	stered agent and registered office on file with the resigned)		
	REGISTERED AGENTS INC			
	7901 4TH STREET N, SUITE 3	SECR TAL	2021 AUG 1	413 7.
	ST.PETERSBURG, FL 33702		UG -	*V2
6. The name and street address of the new registere (if changed);		red agent (if changed) and /or registered office of the changed of	8	1
	Corporation Service Company		9: 3 <u>1</u>	
	1201 Hays Street		•	
		P.O. Box NOT acceptable		
	Tallahassee	FL 32301		
The street addre	ss of its registered office and the be identical.	street address of the business office of its regis	tered as	gent,
Such change wa authorized by th	s authorized by resolution duly a e board, or the corporation has b	adopted by its board of directors or by an officeneen notified in writing of the change.	r so	
٠ -	***************************************	Mahmudul Amin, CFO		
Signatur	e of an officer or director	Printed or typed name and title		
of my duties, and document is bein corporation has Corporation	of comply with the provisions of a d I am familiar with and accept to ng filed merely to reflect a chang been notified in writing of this co Service Company	tent and agree to act in this capacity. Il statues relative to the proper and complete place to the obligation of my position as registered agence in the registered office address, I hereby confluence.	verform t. Or, i irm thá	iance f this t the
<u> </u>	ature of Registered Agent	08/12/2021		
If signing on bel	•	Date		
Grace E. Kirby, A	Asst. Vice President			
Ty	ped or Printed Name			
	* * * FILIN	NG 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)