## F18000000512

| (Requestor's Name)        |                        |  |  |  |
|---------------------------|------------------------|--|--|--|
|                           |                        |  |  |  |
|                           |                        |  |  |  |
| 1                         | (Address)              |  |  |  |
|                           |                        |  |  |  |
| (Address)                 |                        |  |  |  |
|                           |                        |  |  |  |
|                           |                        |  |  |  |
| (City/State/Zip/Phone #)  |                        |  |  |  |
|                           |                        |  |  |  |
| PICK-UP                   | WAIT MAIL              |  |  |  |
|                           | <del></del>            |  |  |  |
|                           |                        |  |  |  |
| (                         | Business Entity Name)  |  |  |  |
|                           |                        |  |  |  |
|                           | Document Number)       |  |  |  |
| `                         | (Social Manual)        |  |  |  |
|                           |                        |  |  |  |
| Certified Copies          | Certificates of Status |  |  |  |
|                           |                        |  |  |  |
| <del>/</del>              |                        |  |  |  |
| Special Instructions to I | Filing Officer:        |  |  |  |
|                           |                        |  |  |  |
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|                           |                        |  |  |  |

Office Use Only



900429187649





14. HUNT 5 5/05/24 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 444064 7391888

AUTHORIZATION CONTRACTOR

COST LIMIT U. \$ 35.00

ODDED DATE . April 20 2024

ORDER DATE : April 30, 2024

ORDER TIME : 11:39 AM

ORDER NO. : 444064-035

CUSTOMER NO: 7391888

## CHANGE OF AGENT

NAME: CHERRY TECHNOLOGIES INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Miller

EXAMINER'S INITIALS:

## **COVER LETTER**

TO:

Amendment Section Division of Corporations

| SUBJECT: CHERRY TECHNOLOGIES INC.                      |   |
|--|---|
| Name of Corporation                                    |   |
| DOCUMENT NUMBER: F18000000522                          |   |
| The enclosed Statement of Change of Registered Off     | ice/Agent and fee are submitted for filing.               |
| Please return all correspondence concerning this mat   | ter to the following:                                     |
|  | Ç   |
|  |   |
| Name of Contact Person                                 | <del></del>   |
|  |   |
| Firm/Company   | · · ·   |
| Address  | <u> </u>  |
| Address  |   |
| City/State and Zip Code                                | 3 MIII: 22  |
| ,  | .: 22<br>FL   |
| E-mail address: (to be used for future annual rep-     | ort notification)   |
|  |   |
| For further information concerning this matter, please | e call:   |
| To Turner mornados concerning this matter, pieds       | . can.  |
|  | at () Area Code & Daytime Telephone Number                |
| Name of Contact Person                                 | Area Code & Daytime Telephone Number                      |
| Enclosed is a \$35.00 check made payable to the Depa   | artment of State  |
| Eliciosed is a 353.00 elicek made payable to the Depl  | union of state.   |
| Malling Address.                                       | Stroot Address  |
| Mailing Address: Amendment Section                     | Street Address: Amendment Section                         |
| Division of Corporations                               | Division of Corporations                                  |
| P.O. Box 6327  | The Centre of Tallahassee                                 |
| Tallahassee, FL 32314                                  | 2415 N. Monroe Street, Suite 810<br>Tallahassee, FL 32303 |
|  | i miniassee, i L 32303                                    |

CR2E045 (04/13)

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

| statement of cho  | unge is submitted for a corporati  | , 617.0502, 607.1508, or 617.1508, Florida Station organized under the laws of the State of<br>or registered agent, or both, in the State of Flor   |  |
|---|--|---|--|
| 1. The name of  | the corporation: CHERRY TECH   | HNOLOGIES INC.  |  |
|   |  | Center, 8th Floor San Francisco, CA 94111   |  |
| 3. The mailing a  | address (if different):  |   |  |
| 4. Date of incorp   | poration/qualification: 01/31/20   | Document number: F18000000  | )522   |
|   | d street address of the current reg<br>rtment of State: (If resigned, ento   | gistered agent and registered office on file with er resigned)  | the  |
|   | Registered Agents Inc  |   |  |
|   | 7901 4th St N Ste 300  |   |  |
|   | St. Petersburg, FL 33702   | · ·   | *;   |
| 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed): |  |   |  |
|   | Corporation Service Company  | y inc   | 图11:22   |
|   | 1201 Hays Street   | r in  | 22   |
|   |  | P.O. Box NOT acceptable   |  |
|   | Tallahassee  | FL 32301  |  |
| The street address changed will   | ess of its registered office and the identical.  | he street address of the business office of its re  | egistered agent,   |
| Such change wa<br>authorized by th  | as authorized by resolution duly<br>ne board, or the corporation has   | y adopted by its board of directors or by an off<br>s been notified in writing of the change.   | ficer so   |
| /s/ Felix Steinmeyer  |  | Felix Steinmeyer, CEO   |  |
|   | re of an officer or director   | Printed or typed name and title   |  |
| I further agree a<br>of my duties, an<br>document is bei<br>corporation has                                     | the appointment as registered of the comply with the provisions of the lam familiar with and accepting filed merely to reflect a chain seen notified in writing of this in Service Company | agent and agree to act in this capacity, of all statutes relative to the proper and complot the obligation of my position as registered a nge in the registered office address, I hereby to change. | ete performance<br>gent. Or, if this<br>confirm that the |
| By:   | 4n   | 05/09/2024  |  |
|   | nature of Registered Agent   | Date  |  |
| If signing on be  | half of an entity:   |   |  |
| AMANDA MILLE  |  |   |  |
| T   | yped or Printed Name   |   |  |
|   | * * * FIL  | ING 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)