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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)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 ROSIE APPLICATIONS INC.

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

| | | organized under the laws of the State of Delawate registered agent, or both, in the State of Florida. | |
|--|--|---|----|
| 1. The name of t | the corporation: ROSIE APPLICATI | IONS INC. | |
| 2. The principal | office address: 50 Beale Street, Suite | 600, San Francisco, CA 94105 | |
| | ddress (if different): | | |
| 4. Date of incorp | poration/qualification: 10/08/2018 | Document number: F18000004644 | |
| | I street address of the current registe trment of State: (If resigned, enter re | red agent and registered office on file with the signed) | |
| | LORIDA FILING SEARCH SERVI | CES, INC. | |
| | 155 OFFICE PLAZA DR | | |
| | TALLAHASSEE, FL 32301 | | |
| 6. The name and (if changed): | l street address of the new registered | l agent (if changed) and /or registered office | |
| | CT Corporation System | | |
| | | O. Box NOT acceptable | |
| | Plantation, Florida 33324 | O. Box NOT acceptable | ٤. |
| | Figuration, Florida 33324 | 20 | 5 |
| The street addre as changed will | ess of its registered office and the s be identical. | treet address of the business office of its registered agent, | 1 |
| Such change wa authorized by th | as authorized by resolution duly ad ne board, or the corporation has bee | opted by its board of directors or by an officer so en notified in writing of the change. | • |
| Alm | | Hyun Iee Son, Secretary Printed of typed name and title | |
| | | | |
| I hereby accept I further agree to of my duties, an document is bein corporation has CT Corporation | to comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha | nt and agree to act in this capacity. I statutes relative to the proper and complete performance e obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the ange. | |
| • | - | 12/12/2022 | |
| Sigi | nature of Registered Agent | Date | |
| If signing on be | half of an entity: | | |
| SEAN L. EMER | ICK, ASSISTANT SECRETARY | | |
| Т, | yped or Primed Name | | |
| | * * * FILIN | G FEE: \$35.00 * * * | |
| | | | |

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2F045 (04/13)

Вут