F19000001281

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CORPORATION SERVICE COMPANY 1201 Hays Street

CONTACT PERSON: Amanda Miller

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 8443770 AUTHORIZATION COST LIMIT : \$ 35.00 ORDER DATE: October 31, 2024 ORDER TIME : 9:58 AM ORDER NO. : 735100-050 CUSTOMER NO: 8443770 CHANGE OF AGENT NAME: JIFF INC. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY
XX PLAIN STAMPED COPY

EXAMINER'S INITIALS: _____

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

statement of char	nge is submitted for a corpora	2, 617.0502, 607.1508, or 617.1508, Florida S. tion organized under the laws of the State of $_$ e or registered agent, or both, in the State of Fl	Delaware	
1. The name of the	he corporation:			
2. The principal of	office address: 50 California S	Street, Suite 1800, San Francisco, CA 94111		
3. The mailing ac	ddress (if different):			
4. Date of incorp	oration/qualification: 03/15/2	Document number: F190000	01281	
	street address of the current retiment of State: (If resigned, en	egistered agent and registered office on file wit tter resigned)	h the	
	C T Corporation System		202 TÃI	
	1200 South Pine Island Roa	d	T AND T	
	Plantation, FL 33324		NOV 22 P	
6. The name and (if changed):	street address of the new regis	stered agent (if changed) and /or registered offi	TALLAHASSEE ELORIC	
	Corporation Service Compa	ny	D	
	1201 Hays Street			
	Tallahassee	P.O. Box NOT acceptable FL 32301		
The street addre	ss of its registered office and be identical.	the street address of the business office of its	registered agent,	
		lly adopted by its board of directors or by an case been notified in writing of the change.		
/s/ Andrew Olmsted		Andrew Olmsted, Lead Counsel		
Signatur	e of an officer or director	Printed or typed name and titl	i c · · · · · · · · · · · · · · · · · · ·	
I further agrée to of my duties, and document is bein corporation has	o comply with the provisions d Lam familiar with and acce	d agent and agree to act in this capacity, of all statutes relative to the proper and compit the obligation of my position as registered ange in the registered office address. I hereby is change.	plete performance Lagent, Or, if this y confirm that the	
By: Cly	mley	11/08/2024		
~	Tature of Registered Agent	Date		
	half of an entity:			
	, Asst. Vice President			
ı,	ped or Printed Name * * * FI	LING FEE: \$35.00 * * *		