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(((H240004015793)))



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To:	
	Division of Corporations
	Fax Number : (850)617-6380
From:	
	Account Name : C T CORPORATION SYSTEM
	Account Number : FCA000000023
	Phone : (614)280-3338
	Fax Number : (614)573-3996
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	mana di mana d

## REGISTERED AGENT CHANGE APIHUB, INC.

Certificate of Status	0
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Estimated Charge	\$35.00

	A. RAMOLI	
<del>,</del>	 NEC. 6 2074	<u></u>

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

statement of chai	nge is submitted for a corporation organiz	, 607.1508, or 617.1508, Florida Statutes, this seed under the laws of the State of Delaware seed agent, or both, in the State of Florida.			
1. The name of the	ne corporation: APIHUB, INC.				
	office address: 548 Market Street Suite #95	879 San Francisco. CA 94104			
3. The mailing ac	ddress (if different): 9450 SW Gemini Dr	PMB 73938 Beaverton, OR 97008			
		Document number: F20000001034			
5. The name and	street address of the current registered ag ment of State: (If resigned, enter resigned	ent and registered office on file with the			
	Telos Legal Corp.	•			
	155 Office Plaza Drive				
	Taflahassee, FL 32301				
Tallahassee, FL 32301  6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):  C I Corporation System					
	C 1 Corporation System	29			
	1200 South Pine Island Road				
	P.O. Box . Plantation, Florida 33324	NOT acceptable			
The street addres as changed will l	ss of its registered office and the street as be identical.	ddress of the husiness office of its registered agent.			
Such change was authorized by the	s authorized by resolution duly adopted le board, or the corporation has been noti	by its board of directors or by an officer so fied in writing of the change.			
1-14	17 Hg	Andrew R. Henry, Secretary			
•	ent an officer or director	Printed or typed name and title			
l further agree to of my duties, and document is bein	been notified in seriting of this change.	agree to act in this capacity, es relative to the proper and complete performance ation of my position as registered agent. Or, if this registered office address. I hereby confirm that the			
C i Corporation	System	12/04/2024			
Sign	ature of Registered Agent	Date			
If signing on beh	nalf of an entity:				
Leslie Mar	tin, Assistant Secretary				
Ty	ped or Printed Name				
	* * * FILING FEE	: \$35.00 * * *			

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