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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

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 KEYMETRICS, INC.

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COVER LETTER

TO:

Amendment Section Division of Corporations

Keymetrics, Inc. Name of Corporation F20000004598 **DOCUMENT NUMBER:** The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Lori Whalen Name of Contact Person Registered Agent Solutions, Inc. Firm/Company Corporate Center One, 5301 Southwest Pkwy, Ste 400 Address Austin, Texas 78735 City/State and Zip Code E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:

Lori Whalen

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

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

statement of ch	provisions of sections 607.0 ange is submitted for a corpo er to change its registered of	oration organized	under the laws o	f the State of Delaware	
1. The name of	the corporation: Keymetr	ics, Inc.			
3. The mailing	address (if different):				
4. Date of incor	poration/qualification: 10/	19/2020	_ Document num	_{ber:} F2000000459	8
	d street address of the curren rtment of State: (If resigned,		and registered of	Tice on file with the	
	CORP2000 IN	C.			207
	155 OFFICE PLAZA DR., STE. A			·	()3 (==
	TALLAHASSEE, FL 3	2301			2023 .11.1 - 7
6. The name and (if changed):	d street address of the new re		_	registered office	F: 7: 3
	Registered Agent	Solutions,	inc.		ũ
	2894 Remington Green Ln. Ste. A				
	Tallahassee	P.O. Box NOT	•		
The street address changed will	ess of its registered office as be identical.	nd the street addr	ess of the busine	ss office of its registere	ed agent,
=	as authorized by resolution ne board, or the corporation				
Isl Lee S	cott	Lee	Scott	Authoriz	ed Person
I hereby accept I further agree of my duties, an document is bei	the appointment as register the appointment as register to comply with the provision d I am familiar with and ac ng filed merely to reflect a to been notified in writing of	red agent and aging of all statutes of all statutes occupited the obligation of the regular change in the regular change.		typed name and title capacity. oper and complete perf as registered agent. C dress, I hereby confirm	formance Or, if this that the
		<u>0</u> :	7/07/2023		
-	nature of Registered Agent			Date	
	half of an entity:				
	r, Assistant Secretary yped or Printed Name				
•	•	FILING 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)