F2100000 1638

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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE: 976718 8297263

AUTHORIZATION : MILLER COMPANY

COST LIMIT : \$35.00

ORDER DATE: August 26, 2021

ORDER TIME : 11:14 AM

ORDER NO. : 976718-015

CUSTOMER NO: 8297263

CHANGE OF AGENT

NAME: RAD POWER BIKES INC.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY

CONTACT PERSON: Eyliena Baker

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

statement of cha	provisions of sections 607.0502, 617.0. mge is submitted for a corporation org r to change its registered office or regi	anized under the laws of the Sta	te of DE
 The name of t The principal 	the corporation: RAD POWER BIKES In office address: 1128 NW 52ND ST ST	NC. E 200 SEATTLE, WA 98107-5	129
_	ddress (if different):		
4. Date of incorp	coration/qualification: 03/23/2021	Document number: F2	1000001638
	I street address of the current registered timent of State: (If resigned, enter resigned)		ile with the
	C T CORPORATION SYSTEM		
	1200 SOUTH PINE ISLAND ROAD		2021 AUG SECRETA
	PLANTATION	FL 33324	
6. The name and (if changed):	d street address of the new registered as	gent (if changed) and /or register	red office
	Corporation Service Company		
	1201 Hays Street		
		Box NOT acceptable	
	Tallahassee	FL 32301	
	ess of its registered office and the stree be identical.		
Such change wa authorized by th	as authorized by resolution duly adopt ne board, or the corporation has been i	ted by its board of directors or l notified in writing of the chang	by an officer so e.
	ark tlebanoff	Mark Klebanoff	CFO
I hereby accept I further agree t of my duties, an document is bei- corporation has	the appointment as registered agent of comply with the provisions of all stood I am familiar with and accept the of a filed merely to reflect a change in been notified in writing of this change in Service Company	atutes relative to the proper an bligation of my position as regi the registered office address, I	1'
	nature of Registered Agent	08/26/2021 Date	
If signing on be	half of an entity:		
	Asst. Vice President pped or Printed Name		
	* * * FILING F	FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314