Falocopart

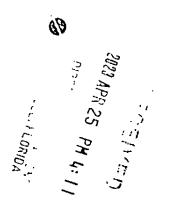
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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2023 APR 25 PH S
SECRETARIS
TALLAHASSET



CORPORATION SERVICE COMPANY

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195					
REFERENCE : 700588 7432546					
AUTHORIZATION: CAMPARILLE TO COMPANY					
COST LIMIT : \$ 35.00					
ORDER DATE : April 25, 2023					
ORDER TIME : 1:47 PM					
ORDER NO. : 700588-003					
CUSTOMER NO: 7432546					
CHANGE OF AGENT					
NAME: DIVIDEND FINANCE INC.					
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:					
CERTIFIED COPY					
XX PLAIN STAMPED COPY					
CONTACT PERSON: Alexxis Weiland-sorenson					
EXAMINER'S INITIALS:					

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

statement of cha	nge is submitted for a corpora	2, 617.0502, 607.1508, or 617 ution organized under the laws e or registered agent, or both,	of the State of DE	LAWAR		
	he corporation: DIVIDEND FI		, , , ,			
		A ST SUITE 1500 SAN FRAN	ICISCO, CA 94111			
3. The mailing a	ddress (if different):					_
4. Date of incorp	oration/qualification: 05/14/	2021 Document nu	mber: <u>F2100000</u> 2	2644		_
5. The name and		egistered agent and registered				
	REGISTERED AGENT SOI	LUTIONS, INC.				
	155 OFFICE PLAZA DR. SUITE A					
	TALLAHASSEE	FL	32301	SE	202	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or registered off Corporation Service Company		or registered office	CRETARY 15	023 APR 25 PH	
	1201 Hays Street				æ Ç⊋	į
P.O Box NOT acceptable					্ৰ	
	Tallahassee	FL	32301			
The street addre	ss of its registered office and be identical.	the street address of the busi	ness office of its re	gistered	agent.	
Such change wa authorized by th	s authorized by resolution due board, or the corporation ha	lly adopted by its board of dir as been notified in writing of	ectors or by an off the change.	icer so		
	Nac	Michael Churchill	, CFO 4	1/21/2023	3	
2	e of an officer or director		or typed name and title			
Corporation	the appointment as registered of comply with the provisions of am familiar with and access filed merely to reflect a character of the service Company		is capacity. proper and comple on as registered as address, I hereby c	ete perfor gent. Or onfirm ti	mance if this rat the	?
By: <u>) n</u>	nature of Registered Agent	04/24/2023	Date			
lf signing on bel	nalf of an entity:					
	Asst. Vice President ped or Printed Name					

* * * FILING FEE: \$35.00 * * *