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| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ad | ldress) | | | |
| (Ac | ldress) | | | |
| (Cit | ty/State/Zip/Phone | e #) | | |
| PICK-UP | MAIT | MAIL | | |
| (Bu | siness Entity Nar | me) | | |
| (Document Number) | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



200386090932

DIRECT OF CORPORATIONS
TALLAHASSEE, FLORIDA

R 20 PM 3: 28

RECEIVED

A. BUTLER APR 2 1 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| ACCOUNT NO. : 12000000195 | | | | | | |
|---|--|--|--|--|--|--|
| REFERENCE : 628124 8370815 | | | | | | |
| AUTHORIZATION : | | | | | | |
| COST LIMIT : 575.00 Ce sa | | | | | | |
| ORDER DATE : April 19, 2022 | | | | | | |
| ORDER TIME : 12:25 PM | | | | | | |
| ORDER NO. : 628124-040 | | | | | | |
| CUSTOMER NO: 8370815 | | | | | | |
| <u>CHANGE OF AGENT</u> | | | | | | |
| NAME: APPSMART, INC. | | | | | | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY | | | | | | |
| CONTACT PERSON: Eyliena Baker | | | | | | |
| EXAMINER'S INITIALS: | | | | | | |

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

| statement of cha | provisions of sections 607.0502, 617 inge is submitted for a corporation o r to change its registered office or re | rganized under the laws | of the State o | of DELAV | VARE | |
|---|--|---|--|--------------------------|---------------------------|----------------------------|
| 1. The name of t | he corporation: APPSMART, INC. | | | | | |
| 2. The principal | | NCISCO, CA 94108 | | | | |
| 3. The mailing a | ddress (if different): | | | | | |
| 4. Date of incorp | poration/qualification: 06/07/2021 | Document nui | mber: <u>F210</u> | 00000307 | 3 | |
| | I street address of the current register tment of State: (If resigned, enter res | | office on file | with the | | |
| | C T CORPORATION SYSTEM | | | | | |
| | 1200 SOUTH PINE ISLAND | | | | | |
| | ROAD PLANTATION, FL 33324 | | | | | |
| 6. The name and (if changed): | street address of the new registered Corporation Service Company | agent (if changed) and / | or registered | office TALLA | 2022 APR 21 | - T |
| | 1201 Hays Street | | | | 20 | i Lengta special |
| | Tallahassee | O. Box NOT acceptable FL : | 32301 | OF STA | AH 8: | |
| The street addre as changed will | ess of its registered office and the st be identical. | reet address of the busin | ness office o | f its re gist | i €€ d a | gent. |
| Such change wa authorized by th | s authorized by resolution duly add to board, or the corporation has bee | opted by its board of dire in notified in writing of t | ectors or by the change. | an officer | so | |
| Mark Liu | | Mark Liu, Secreta | гу | | | |
| I hereby accept I further agree t of my duties, an document is beil corporation has | e of an officer of director the appointment as registered agen o comply with the provisions of all d I am familiar with and accept the ng filed merely to reflect a change been notified in writing of this cha n Service Company | nt and agree to act in thi statutes relative to the p obligation of my positi in the registered office a | or typed name and is capacity. Or oper and communication as registed address, I he | | perforn Or, irm the | nance if this at the |
| By: Lia | ce C-Kubi | April 18, 2022 | | | | |
| Sign | nature of Registered Agent | | Date | | | |
| If signing on bel | half of an entity; | | | | | |
| <u>·</u> | Asst. Vice President | | | | | |
| Ту | ped or Printed Name | * FFF. 625 AA + + + | | | | |

FILING FEE: \$35.00