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From: Daylen Platt

Division of Corporations

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From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (614)573-3996 Fax Number

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## REGISTERED AGENT CHANGE ALVIERE FINANCIAL TECHNOLOGIES, INC.

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

statement of cha	provisions of sections 607.0502, 6 inge is submitted for a corporation or to change its registered office on	n organized under the laws of the	State of Delaware	
1. The name of	the corporation: ALVIERE FINAN	SCIAL TECHNOLOGIES, INC.		
	office address: 2515 JAY AVE., U		3	
3. The mailing a	address (if different):			
4. Date of incoη	. Date of incorporation/qualification: 06/15/2021 Document number: F21000003445			
	d street address of the current registrement of State: (If resigned, enter		on file with the	
	CORPORATION SERVICE CON	IPANY		
	1201 HAYS STREET			
	TALLAHASSEE, FL 32301			
6. The name and (if changed):	d street address of the new register	red agent (if changed) and /or regi		
·	National Registered Agents, Inc.		min B	
	1200 South Pine Island Road		20GJAN -6 PH	
		P.O. Box NOT acceptable	—— · · · · · · · · · · · · · · · · · ·	
	Plantation, Florida 33324			
The street address changed will	ess of its registered office and the he identical.	estreet address of the business of		
Such change wa authorized by the	as authorized by resolution duly a ne board, or the corporation has b	adopted by its board of directors been notified in writing of the ch	or by an officer so ange.	
/s/ Pedro Silva		Pedro Silva, President		
Signato	re of an officer or director	Printed or typed	name and title	
I further agree ( of my duties, an dociment is bei	the appointment as registered as to comply with the provisions of a d I am familiar with and accept a ng filed merely to reflect a chang s been notified in writing of this c	all statutes relative to the proper the obligation of my position as a ge in the registered office addres	icity, and complete performance registered agent. Or, if this s, I hereby confirm that the	
	ents, inc	12/5/2024		
Sig	nature of Registered Agent	Dat	c	
If signing on be	chalf of an entity:			
SEAN L. EMER	ICK, ASSISTANT SECRETARY			
Ţ	yped or Printed Name	<del>.</del>		