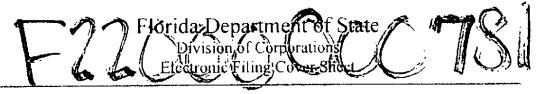
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Division of Corporations



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	Division of Corporations	<u> </u>
	Fax Number : (850)617-6380	SECRETALLA!
From:		
	Account Name : C T CORPORATION SYSTEM	
	Account Number : FCA000000023	
	Phone : (954)208-0845	살살 -
	Fax Number : (614)573-3996	
:		12 N
*Enter an	the email address for this business entity to be used for nual report mailings. Enter only one email address please.	future 🛨
· Em	ail Address:	

REGISTERED AGENT CHANGE ROADBOTICS, INC.

Certificate of Status	0
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Estimated Charge	\$43.75

,	A. BUTLER
	SEP - 9 2022

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Corporate Filing Menu

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To:

By:

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

statement of cha	nge is submitted for a corporation of	1.0502, 607.1508, or 617.1508, Florida 2 arganized under the laws of the State of $\frac{1}{2}$ existered agent, or both, in the State of F	DELAWARE	
1. The name of t 2. The principal	he corporation: ROADBOTICS, INC office address: 322 NORTH SHORE	DRIVE SUITE 200 PITTSBURGH, PA 1:	5212	
3. The mailing a	ddress (if different):	F220000	00281	
		Document number: F220000		
	I street address of the current register timent of State: (If resigned, enter res	red agent and registered office on file wi signed)	th the	
	CORPORATION SERVICE COMPA	ANY	_	
	1201 HAYS STREET		_	
	TALLAHASSEE, FL 32301-2525		_	
6. The name and (if changed):	street address of the new registered	agent (if changed) and /or registered off	2022 SE SECRE	
	C T Corporation System	······································	- 	102T
	1200 South Pine Island Road		· · · · · · · · · · · · · · · · · · ·	1 []]
		D. Box NOT acceptable		(1
	Plantation, Florida 33324		2:1 STA STA	1
The street addre	ss of its registered office and the su be identical.	reet address of the business office of its	s registered agent,	
Such change wa authorized by th	s authorized by resolution duly ado board, or the corporation has been	opted by its board of directors or by an in notified in writing of the change.	officer so	
Sull		BRIAN GUTBROD, TREASURE	R	
	o to the present or attende	Trained or type that the time to		
I hereby accept I further agree t of my duties, an document is bein corporation has C T Corporation	peen nouried in writing of this chai	nt and agree to act in this capacity, statutes relative to the proper and com obligation of my position as registered in the registered office address, I hereb inge.	plete performance I agent. Or, if this ny confirm that the	
	1) ou last	9/8/2022		
Sign	value of Registered Agent	Date		
If signing on bel	half of an entity:			
Kaity Toon,	Asst. Secy.			
T)	ped or Printed Name			
	* * * FILING	G 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)