F22000002420

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
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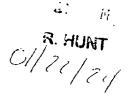


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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : AUTHORIZATION : ORDER-DATE-:-01/22/2024-----ORDER TIME : ORDER NO. : CUSTOMER NO: CHANGE OF AGENT NAME: Factorial Energy Inc. PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY ✓ __ 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	provisions of sections 607.0502, 617.050 inge is submitted for a corporation organ r to change its registered office or registe	ized under the laws of the	State of Delaware
1. The name of t	the corporation: FACTORIAL ENERGY	INC.	
2. The principal	office address: 19 PRESIDENITAL WAY	Y STE 103 WOBURN, MA	A 01801
3. The mailing a	ddress (if different):		
4. Date of incorp	poration/qualification: 04/19/2022	Document number:	F22000002420
	I street address of the current registered a tment of State: (If resigned, enter resigne		on file with the
	Oposa, J. Antonio		
	132 Hamilton Park Drive, Ste 1		
	TALLAHASSEE	FL 32304	1 725
6. The name and (if changed):	street address of the new registered ager Corporation Service Company	nt (if changed) and /or regi	13
	1201 Hays Street		PM 3: 20
	P.O. Box Tallahassee	NOT acceptable FL 32301	m C
The street addre	ess of its registered office and the street abe identical.	address of the business o	ffice of its registered agent.
	is authorized by resolution duly adopted to board, or the corporation has been not		
/s/ Siyu Huar	ng	Siyu Huang	CEO
I hereby accept I further agree t of my duties, and document is bein corporation has	the appointment as registered agent and o comply with the provisions of all state of a land accept the oblining filed merely to reflect a change in the been notified in writing of this change. Service Company	Printed or typed d agree to act in this cape ites relative to the proper gation of my position as a registered office addres	acity
By: Dross	✓ J ✓ 1=.		
	nature of Registered Agent	Date	e
If signing on bel	half of an entity:		
	Asst. Vice President oped or Printed Name		
	* * * FILING FF	F: \$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)