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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

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

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REGISTERED AGENT CHANGE SPIFF, INC.

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To:

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

statement of cha	provisions of sections 607.0502, 617.05 ange is submitted for a corporation orga er to change its registered office or regis	mized under the laws of the State of De	elaware
1. The name of	the corporation; SPIFF, INC.		
	office address 415 Mission Street, 3rd F	loor, San Francisco, CA 94105	
	address (if different);		
4. Date of incorp	poration/qualification: 04/24/2023	Document number: F23000002	384
	d street address of the current registered rtment of State: (If resigned, enter resign		i the
	REGISTERED AGENT SOLUTIONS, I	NC.	
	155 OFFICE PLAZA DR., STE, A		
	TALLAHASSEE, FL 32301		20
6. The name and (if changed):	d street address of the new registered ago	ent (if changed) and /or registered offic	2024 FEB 27
	C T Corporation System		(S) 1785
	1200 South Pine Island Road		janga ⊒ ⊑ _
	P O. B. Plantation, Florida 33324	ox NOT acceptable	8: 43 E.F.
The street address changed will	ess of its registered office and the stree be identical.	t address of the business office of its	registered agent,
Such change wa	as authorized by resolution duly adopte he board, or the corporation has been n	ed by its board of directors or by an outfled in writing of the change.	fficer so
ANTBOCFD67C547	2/22/2024	Scott Siamas, Vice President and As-	~
I hereby accept	te of an officer or director the appointment as registered agent a to comply with the provisions of all sta id I an familiar with and accept the ob- ing filed merely to reflect a change in t s been notified in writing of this change	itutic valatina ta tha propar and comp	data nartarmanca
C T Corporation	i System Son Comme Co	02/16/2024	
Šig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
SEAN L. EMER	UCK, ASSISTANT SECRETARY		
Ť	yped or Printed Name		
	* * * FILING F	EE: \$35.00 * * *	

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By: