10/4/23, 11:40 AM



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Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 : (614)573-3996 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

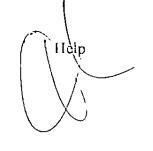
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REGISTERED AGENT CHANGE ALPINEX MANAGEMENT INC.

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Electronic Filing Menu

Corporate Filing Menu



To:

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

statement of cha	mge is submitted for a corporation (7,0502, 607,1508, or 617,1508, Florida St. organized under the laws of the State of <mark>De</mark> registered agent, or both, in the State of Fle	zlaware
n ret of table of	- Carrotte	GEMENT INC.	
2. The principal 4 CALIFORNIA	ST., STE, 2900, SAN FRANCISCO,	. CA 94111	
3. The mailing a	iddress (if different); 867 BOYLSTO	ON ST., 5TH FLOOR, #1399, BOSTON, MA	02116
4. Date of incorp	poration/qualification: 06/20/2023	DN ST., 5TH FLOOR, #1399, BOSTON, MA Document number: F23000003	446
5. The name and		ered agent and registered office on file with	
	CORPORATION SERVICE COMP	ANY	
	1201 HAYS STREET		
	TALLAHASSEE, FL 32301-2525		1 2023 (S∀/√
6. The name and (if changed):	I street address of the new registered	d agent (if changed) and /or registered oflic	
	C T Corporation System		AH AH
1200 South Pine Island Road			Tiggi 🤥 "
	Plantation, Florida 33324	2.0. Box NOI acceptable	39
The street address changed will	ess of its registered office and the s be identical.	street address of the business office of its	registered agent.
Such change wa authorized by the	as authorized by resolution duly ad ne board, or the corporation has be	lopted by its board of directors or by an o on notified in writing of the change.	fficer so
Insura Romentus		Joanna Bonventre, Chief Fin	ancial Officer
-		Printed or typed name and fille	
I further agree : of my duties, an document is bei	to comply with the provisions of al ad I am familiar with and accept th ag filed merely to reflect a change s been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and comp we obligation of my position as registered in the registered office address. I hereby ange.	agent. Or. il tins -
C 1 Corporation	a System	10/02/2023	
	वितासिक पर सर्देशक के अपूर्ण	Date	
If signing on be	half of an entity:		
Mark Holloway			
T	yped or Printed Name		
	* * * FILIN	G FEE: \$35.00 * * *	

Make CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2F045 (64-13)

By: