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Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (614)280-3338

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: (614)573-3996

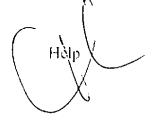
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moil i	Address:		
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To:

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

statement of cha	provisions of sections 607,0502, 617,050 mge is submitted for a corporation organ er to change its registered office or regist	nized under the laws of the State of	Florida			
1. The name of	the corporation: Engine by Money Lion In	2.				
	office address: 50 W 23rd Street, Suite 70					
3. The mailing a	address (if different):					
	oration/qualification: 07/02/2019	Document number: P190000	100250			
5. The name and	d street address of the current registered a rtment of State: (If resigned, enter resigne	gent and registered office on file w				
	INCORP SERVICES, INC.					
	3458 LAKESHORE DRIVE		- 26			
	TALLAHASSEE, FL 32312		2024 FEB			
6. The name and (itchanged):	d street address of the new registered ager	nt (if changed) and /or registered of	licE 1			
	C T Corporation System		AN 8:			
	1200 South Pine Island Road					
	P.O Box NOT acceptable Plamation, Florida 33324					
The street address changed will	ess of its registered office and the street be identical.	address of the business office of it	s registered agent.			
	ns authorized by resolution duly adopted ne board, or the corporation has been no					
	Packel Domain	RACHEL O'CONNOR, SECRETA	ARY			
Signatui	re of an officer or director	Printed or Typed name and to	ile			
l further agrée i of my duties, an document is bei corporation has	the appointment as registered agent and to comply with the provisions of all state d I am familiar with and accept the obli- ng filed merely to reflect a change in the s been notified in writing of this change.	ites relative to the proper and con gation of my position as registered cregistered office address, I herel	aplete performance d agent. Or, if this by confirm that the			
C T Corporation	System Sacrada System Assure of Registered Agent	02/06/2024				
Sign	nature of Registered Agent	Date				
	half of an entity:					
SEAN L. EMER	ICK, ASSISTANT SECRETARY					
l'y	ped or Printed Name					
	* * * FILING FE	E: \$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)

By: