2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000143181

Entity Name: MOVINGPLACE LLC

Current Principal Place of Business:

411 FIRST AVE SOUTH SUITE 501

SEATTLE. WA 98104

Current Mailing Address:

3959 VANDYKE ROAD #300 LUTZ, FL 33558 US

FEI Number: 45-4123974 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

URS AGENTS, LLC 3458 LAKESHORE DRIVE TALLAHASSEE, FL 32312 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

FILED Mar 26, 2024

Secretary of State

3373847750CC

Authorized Person(s) Detail:

Title PRESIDENT, MANAGER Title TREASURER

Name EHRLICHMAN, MATTHEW Name TABAK, SHAWN

Address 411 FIRST AVE SOUTH SUITE 501 Address 411 FIRST AVE SOUTH SUITE 501

City-State-Zip: SEATTLE WA 98104 City-State-Zip: SEATTLE WA 98104

Title COO Title SECRETARY

Name NEAGLE, MATTHEW Name CULLEN, MATTHEW

Address 411 FIRST AVE SOUTH SUITE 501 Address 411 FIRST AVE SOUTH SUITE 501

City-State-Zip: SEATTLE WA 98104 City-State-Zip: SEATTLE WA 98104

Title SOLE MEMBER Title ASSISTANT TREASURER

Name PORCH.COM, INC. Name BURKE, MICHAEL

Address 411 FIRST AVE SOUTH SUITE 501 Address 411 FIRST AVE SOUTH SUITE 501

City-State-Zip: SEATTLE WA 98104 City-State-Zip: SEATTLE WA 98104

Title ASSISTANT SECRETARY

Name FEINBERG, JUSTIN

Address 411 FIRST AVE SOUTH SUITE 501

City-State-Zip: SEATTLE WA 98104

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW CULLEN SECRETARY 03/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date