STATEMENT OF CHANGE OF REGISTERED AGENT NAME, REGISTERED OFFICE, OR BOTH WITH MULTIPLE ENTITIES.

RA File #: _____

The undersigned registered agent submits the following statement for the purpose of changing its registered agent, its registered office, or both, in the State of Idaho.

1. The name of the registered agent is:
   Kathleen Roma / Kathleen F Roma / Kathleen F Roma CPA PLLC / Kathleen Roma CPA

2. The name and street address of the **old** registered agent and office is:
   See names above
   776 E. Riverside Drive, Suite 240
   Eagle, ID 83616

3. The name and street address of the **new** registered agent and office in Idaho is:
   No name change
   379 E. Shore Drive, Suite 100
   (not a PO box or PMB)
   Eagle, ID 83616

Date: 11/12/2024

Signature of Registered Agent:

Kathleen Roma

Printed: _____

Capacity: _____

Secretary of State use only

Revised 01/2019