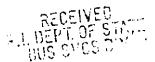


Statement of Change of Agent

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$20.00



2023 DEC -6 P 2: 12

	RIGL <u>7-1.2-502</u> or <u>7-1.2-1409</u> the pose of changing its registered		
1. Entity ID Number	2. Exact Name of the Corporation		
001708955	WeDriveU, Inc.		
3. The address of the registe	red office as PRESENTLY show	wn in the records on file with th	ne RI Department of State:
Street Address 222 JEFFERSO	N BOULEVARD, SUITE 200		
City/Town WARWICK		State RHODE ISLAND	Zip 02888
4. The name of the registered	d agent as PRESENTLY shown	in the records on file with the	RI Department of State:
CORPORATION SERVICE COMPANY			
5. The address of the NEW registered office is:			
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A			
City/Town East Providence		State RHODE ISLAND	Zip 02914
6. The name of the NEW reg C T Corporation System	istered agent is:		
7. Date when this Statement of Change of Registered Agent will be effective: CHECK ONE BOX ONLY			
X Date received (Upon filing)			
Later effective date (Date must be no more than 30 days from the date of filing)			
	clare and affirm that I have exa		ge of Registered Agent by the
Name of Authorized Officer of the Corporation			Date
JORI SAWAN			11/17/2023
Signature of Authorized Office	er of the Corporation		<u> </u>
garganer			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED 2/2

DEC 0 6 2023 BY (6 3) 3