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CERTIFICATE OF RESIGNATION OF REGISTERED AGENT

1. ENTITY NAME: REALITY TESTING, Inc.

2. REGISTERED AGENT NAME: eResidentAgent, Inc.

1681242

3. STATEMENT OF RESIGNATION:

By the signature appearing below, the registered agent hereby resigns from the appointment as registered agent for the entity named above. The appointment as registered agent terminates (the resignation is effective) as of the thirty-first day after the date on which the Registered Agent Resignation is received by the state under whose jurisdiction the entity conducts business or upon appointment of a new registered agent, whichever is earlier.

4. NAME AND ADDRESS OF THE PERSON AT THE COMPANY THAT THE REGISTERED AGENT WILL SEND THEIR NOTICE OF RESIGNATION TO:

Michael Birbiglia

1 1ST PLACE, APT. 1

BROOKLYN, NY 11231

5. DATE: March 1, 2024

6. SIGNATURE OF REGISTERED AGENT: Jan A. Unger

Jeffrey A. Unger

President of eResidentAgent, Inc.

State of Rhode Island
Department of State | Business Services Division
Gregg M. Amore, *Secretary of State*

March 7, 2024

REALITY TESTING, INC.
355 HOPE STREET, UNIT 2
PROVIDENCE, RI 02906

RE: Entity ID# 001681242
REALITY TESTING, INC.

Dear Sir or Madam:

This is to notify you that this office received on March 4, 2024 the resignation of Eresidentagent, Inc. as Registered Agent of the above-named corporation, a copy of which is enclosed. Sections 7-1.2-502 and 7-1.2-1409 of the General Laws of the State of Rhode Island state that "the appointment of the agent shall terminate upon the expiration of thirty (30) days after receipt of the notice by the secretary of state."

Pursuant to the provisions set forth in Sections 7-1.2-501 and 7-1.2-1408 of the General Laws of the State of Rhode Island, "each corporation shall have and continuously maintain in this state" a registered agent. To ensure that your authority to conduct business will remain intact, please file a Change of Registered Agent form with this office within the next 30 days.

To file a Change of Registered Agent form online visit www.sos.ri.gov/divisions/business-services Online filings require payment by credit card. If you have forgotten your CID and PIN, please e-mail us at corp_pin@sos.ri.gov

If you prefer to use cash or check, visit www.sos.ri.gov/divisions/business-services to download Form 640. You can mail the form to us with your payment or visit our office to file in person.

Thank you for your cooperation.

Sincerely,

Catherine Caprio Albanese
Deputy Director of Business Services