5000002116

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	= #)
PICK-UP	☐ WAIT	MAIL
(Ві	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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, AH 3:2".

ADR 17 2023



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	04/14/2023					
	Marcel Ogbonna-Amu		-			
Reference #	#:1958(050	_			
			CAD CAM, INC.			
			to Transact Business			
Ame	ndment					
✓ Char	ige of Agent			ANY ISSUES, CALL MARCEL:		
Reins	statement			(518) 213 - 0826		
Conversion Thank you!						
☐ Merg	er					
☐ Disso	olution/Withdrawal					
☐ Fictiti	ious Name					
Othe	r					
Authorized A	Amount:	\$35.00				
Signature:	11700 Col	og kommer fran				

F: +852.2682.9790

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

statement of change	is submitted for a c	orporation organize	607,1508, or 617,1508, Flo d under the laws of the Sta	ate of Florida	
	Ç,	ered office or registered agent, or both, in the State of Florida. BOBCAD CAM, INC.			
1. The name of the					
2. The principal offi	ce address:	13528 PRESTIGE PLACE STE 102, TAMPA, FL 33635			
3. The mailing addr	ess (if different):	1 ANTARES D	RIVE, SUITE 400, OTTA	WA, ON K2E 8C4	
4. Date of incorpora			Document number:	P05000002116	
	eet address of the cu ent of State: (If resign		nt and registered office on	file with the	
		PENDLETON, LO	ORI C.	202	
	13528 PRES	TIGE PLACE STE	102 TAMPA, FL 33635	2023 APR 14	
6. The name and str (if changed):	eet address of the ne	w registered agent (if changed) and /or registe	red office P. 2.	
	<u>.</u>	Cogency Globa	al Inc.	.· .· -	
	11	5 North Calhoun St	reet. Suite 4		
		P.O. Box No	OF acceptable		
		Tallahassee, Florid	fa 32301		
The street address of as changed will be	of its registered officientical.	ce and the street add	dress of the business offic	e of its registered agent,	
		ion duly adopted by tion has been notifi	y its board of directors or ed in writing of the chang	by an officer so ge.	
	Richardson		TODD RICH	ARDSON	
Thereby accept the	omply with the prov am familiar with an filed merely to refle	isions of all statute d accept the obliga at a change in the r	Printed or typed nan gree to act in this capacit is relative to the proper ar tion of my position as reg egistered office address.	(v	
/s/ Sean Honan			4/14/2023		
Signatur	e of Registered Agent		Date		
If signing on behalf	of an entity:				
Sean Honan, Assi		· - <u>-</u>			
Typed	or Printed Name				
	*	* * CH INC FEE.	C15 00 * * *		

* * * FILING FEE: \$35.00 * * *