

B21000000266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

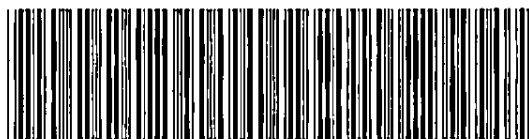
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115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I200000000088
If there are any issues
please contact Patrice at
850-202-9071

Date: 09/05/2024

Name: Patrice Rush

Reference #: 2491380

Entity Name: SKAANA PARTNERS L.P.

☐ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☒ Change of Agent

☐ Reinstatement

☐ Conversion

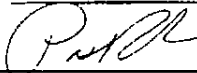
☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☐ Other _____

Authorized Amount: \$35.00

Signature: 

**LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP
STATEMENT OF CHANGE OF REGISTERED OFFICE OR
REGISTERED AGENT, OR BOTH**

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. Skaana Partners L.P.
Name of Limited Partnership or Limited Liability Limited Partnership

2. 6/30/2021 Date of filing/registration in Florida

3. B21000000266 Florida document number

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Name _____

Address

City, State and Zip

5. The name and Florida street address of the new registered agent and/or office:

COGENCY GLOBAL INC.
Name

115 North Calhoun Street, Suite 4
Florida street address (P.O. Box not acceptable)

Tallahassee FL 32301
City, State and Zip

6. Such change(s) is/are effective when filed by the Florida Department of State.
Skaarb Partners GP, LLC, General Partner

By: [Signature]
Signature of General Partner Daniel Katzner, Authorized Person of the General Partner

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent.

Signature of Registered Agent T. P. Giumarra Cogency Global Inc. - Tracy Giumarra, Assistant Secretary

Filing Fee: \$35.00
Certified Copy (optional): \$52.50