F18000004430

| | (Requestor's Name) | | | |
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| | (Address) | | | |
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| | (Address) | | | |
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| | (City/State/Zip/Phone #) | | | |
| | (Only/Olato/Zip/) None #/ | | | |
| PICK-UP | WAIT | MAIL | | |
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| | (Business Entity Name) | | | |
| | | | | |
| (Document Number) | | | | |
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| Special Instructions to Filing Officer: | | | | |
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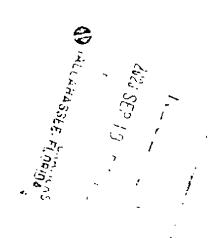
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TALL AHASSEE, FLORID

FILED 2023 SEP 19 AM 10: 45





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866,625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

| Date: | 09/19/2023 | | | |
|---------------|--------------------------------------|----------------------|--|--|
| Name: | Xavian Brown | _ | | |
| Reference | 2095532 | _ | | |
| | | OOP INC. | | |
| ☐ Arti | icles of Incorporation/Authorization | to Transact Business | | |
| Am | endment | | | |
| | | | | |
| Reinstatement | | | | |
| □ Сог | nversion | | | |
| ☐ Me | rger | | | |
| ☐ Dis | solution/Withdrawal | | | |
| ☐ Fict | titious Name | | | |
| ☐ Oth | ner | | | |
| | | | | |
| Authorized | d Amount: \$25.90 | 5.00 | | |
| Signature: | ×1500- | | | |

COGENCY GLOBAL INC. 10 E 40th ST, 10th FL NY, NY 10016 D: +1.212.947.7200 P: 800.221.0102 F: 800.944.6607

F: +852.2682.9790

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

| Pursuant to the provisions of sections 607.0502, 617.0502 statement of change is submitted for a corporation organization. | ized under the laws of the State | of OC | | |
|--|---|---|--|--|
| in order to change its registered office or registe | red agent, or both, in the State | of Florida. | | |
| 1. The name of the corporation: | The name of the corporation: SWOOP INC. | | | |
| 2. The principal office address: No Change | | | | |
| 3. The mailing address (if different): | | . <u>. </u> | | |
| 4. Date of incorporation/qualification: September 11, 2 | 2018 Document number: | F18000004430 | | |
| 5. The name and street address of the current registered at Florida Department of State: (If resigned, enter resigned) | | e with the | | |
| CT Corporation | n System | | | |
| 1200 South Pine | Island Road | 20 | | |
| Plantation, F | L 33324 | FILLAHASS | | |
| 6. The name and street address of the new registered agen (if changed): | at (if changed) and /or registered | | | |
| COGENCY GLOBAL IN | NC. | AMID: 45 OF STATE E.FLORID | | |
| 115 North Calhoun St., | | RIDA RIDA | | |
| Tallahassee, FL 3230 | • | <u> </u> | | |
| The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical. | | | | |
| Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been not | by its board of directors or by ified in writing of the change. | an officer so | | |
| /s/ Mark Paslawski | Mark Paslawski | Secretary | | |
| 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 and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change. | | | | |
| /s/ Michael Carlisle September 19, 2023 Signature of Registered Agent Date | | | | |

If signing on behalf of an entity:

Michael Carlisle, Assistant Secretary

Typed or Printed Name

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