Fa100005338

| (Requestor's Name) | | | |
|---|--|--|--|
| (Address) | | | |
| (Address) | | | |
| (City/State/Zip/Phone #) | | | |
| PICK-UP WAIT MAIL | | | |
| (Business Entity Name) | | | |
| (Document Number) | | | |
| Certified Copies Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
| J. HORNE | | | |
| NOV 1 3 2024 | | | |
| 1.57 5 2024 | | | |
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Office Use Only



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

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

| Date: | 11/11/2024 | | | | |
|--------------------------|-----------------------------------|------------------------|--|--|--|
| Name: | Cheyanne Davis | <u> </u> | | | |
| Reference # | 2537355 | _ | | | |
| | KICKSTA | ARTER, PBC INC. | | | |
| | | | | | |
| Article | es of Incorporation/Authorization | n to Transact Business | | | |
| Amen | dment | | | | |
| ✓ Change of Agent | | | | | |
| Reinstatement | | | | | |
| Conversion | | | | | |
| ☐ Merger | | | | | |
| ☐ Dissolution/Withdrawal | | | | | |
| Fictitious Name | | | | | |
| ☐ Other | | | | | |
| | | | | | |
| Authorized A | .mount:\$35.00 | | | | |
| Signature: _ | Oryma Paine | | | | |

F: +852.2682.9790



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

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

| Date:1 | 1/11/2024 | | | |
|------------------------|--------------------------------|----------------------|--|--|
| Name: | Cheyanne Davis | _ | | |
| Reference #:_ | 2537355 | _ | | |
| Entity Name:_ | KICKSTAF | RTER, PBC INC. | | |
| ☐ Articles | of Incorporation/Authorization | to Transact Business | | |
| Amend | ment | | | |
| | | | | |
| Reinstatement | | | | |
| Conversion | | | | |
| ☐ Merger | | | | |
| Dissolution/Withdrawal | | | | |
| Fictitious Name | | | | |
| Other_ | | | | |
| | | | | |
| Authorized An | nount: \$35.00 | | | |
| Signature: | Chyma Paine | | | |

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, 617.0. statement of change is submitted for a corporation org in order to change its registered office or regi | anized under the laws of the Sta | tte of Delaware |
|---|---|--------------------------------------|
| | ICKSTARTER, PB | • |
| 2. The principal office address: No Change | | |
| 3. The mailing address (if different): | | |
| 4. Date of incorporation/qualification: September 9 | , 2021 Document number: | F21000005238 |
| 5. The name and street address of the current registered Florida Department of State: (If resigned, enter resigned) | | file with the |
| CT Corporat | ion System | |
| 1200 South Pin | e Island Road | |
| Plantation, | FL 33324 | |
| 6. The name and street address of the new registered ag (if changed): COGENCY GLOBAL | | red office P1Lt |
| | | |
| 115 North Calhoun St PO Box N Tallahassee, FL 323 | QT acceptable | |
| The street address of its registered office and the street as changed will be identical. | et address of the business offic | e of its registered agent. |
| Such change was authorized by resolution duly adopt authorized by the board, or the corporation has been re- | | |
| /s/ Sean Leow Signature of an officer or director | Sean Leow Printed or typed name | COO e and title |
| I hereby accept the appointment as registered agent of further agree to comply with the provisions of all stoperformance of my duties, and I am familiar with analy agent. Or, if this document is being filed merely to rehiereby confirm that the corporation has been notified | atutes relative to the proper an l accept the obligation of my po effect a change in the registered | id complete osition as registered |
| /s/ Timothy Mayville | 11/2024 | |
| Signature of Registered Agent | Date | |
| If signing on behalf of an entity: othy Mayville, Assistant Secretary | | |

Timo

Typed or Printed Name

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