F22000000408

(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#: 120000000088

Date: 05/10/2023		
Name: Marcel Ogbonna-A	Amu	
Reference #: 1993968		
Entity Name:		
Articles of Incorporation/AutAmendment	horization to Transact Business	
✓ Change of Agent		ANY ISSUES, CALL MARCEL:
Reinstatement		(518) 213 - 0826
Conversion		Thank you!
☐ Merger		
☐ Dissolution/Withdrawal		
Fictitious Name		
Other		
6 al	5.00	
Authorized Amount: \$35 Signature: ************************************		
Signature: "//www.cog/		

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

statement of cha	provisions of sections 607.050 inge is submitted for a corpora r to change its registered offic	ution organized under the law	ws of the Stat	e of Delaware
	. The name of the corporation: XOMETRY, INC.			
	office address:	-		
•	16 Executive Blvd	Suite 800 North	Bethe	sda MD 20852
	nddress (if different):	-		
4. Date of incorp	poration/qualification: Janu	ary 19, 2022 Document	number:	F22000000408
	I street address of the current progression of State; (If resigned, e		d office on f	
	C T CORF	ORATION SYSTE	EM	
	1200 SOUTH	I PINE ISLAND R	OAD	
	PLANTA	ATION, FL 33324	1	PAR TO PAR OF ST. P.
6. The name and (if changed):	d street address of the new reg		d /or registere	ed office 70 29
	COGENCY GLC	BAL INC.		
	115 North Calho	un St., Suite 4		<u>.</u>
	Tallahassee, FL	PO Box NOT acceptable 32301		
	ess of its registered office and be identical.			
Such change wa authorized by th	as authorized by resolution du ne board, or the corporation h	lly adopted by its board of d as been notified in writing o	irectors or by of the change	y an officer so
/s/ Kristie Sc	ott	Kristie S	Scott	General Counsel/Secretary
I hereby accept I further agree to performance of agent. Or, if the	the appointment as registere to comply with the provisions my duties, and I am familiar is document is being filed me that the corporation has been	d agent and agree to act in of all statutes relative to th with and accept the obligati rely to reflect a change in th	this capacity e proper and ion of my pos te registered	l complete sition as registered
/s/ Tim Mayville		5/	10/2023	
	nature of Registered Agent		Date	
If signing on be	half of an entity:			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (03/12)

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

Tim Mayville, Assistant Secretary

Typed or Printed Name