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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: May 5, 2017	Account#: 12000000088	
Name: Michelle Walker		
Reference #:C018964		
Entity Name: KEMPLER CAPITAL MANAGEMENT, LLC		
Articles of Incorporation/Authorization to Transa	act Business	
Amendment Amendment		
Reinstatement		
Conversion		
☐ Merger		
☐ Dissolution/Withdrawal		
Fictitous Name		
Other		
Please include a copy of cover letter with returned evidence. Thanks!		
Authorized Amount: \$25 Signature: Wichelle Walker	Please note: If authorized amount is incorrect, please call Michelle at 518-213-0737.	
Signature: Michelle Walker	· -	

COGENCY GLOBALING. 10 E 40rd ST, 10rd FL NY, NY 10016 800.221.0102 +1.212.947.7200

COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES, REGISTRY #8010712 6 BEVIS MARKS, 15TFL LONDON EC3A 7BA +44 (0)20.3786.1090

COGENCY GLOBAL (HK) LIMITED AHONG KONG LIMITED COMPANY INFINITUS PLAZA, 1215 FL 199 DES VOEUX RD CENTRAL HONG KONG +852.3975.1803





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

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COGENCY GLOBAL (HK) LIMITED A HONG KONG LIMITED COMPANY INFINITUS PLAZA, 1214 FL 199 DES VOEUX RD CENTRAL HONG KONG +852.3975.1803

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

the mem is file limited liability company or as otherwise provided in the articles of organization or the opera is greement of the limited liability company. Signature of a tember or authorized representative of a member PETTR RYAN MANGER Printed or typed name of signee I hereby accept/he appointment as reffistered agent and agree to act in this capacity. Ifitrther agree to	1. Name of the limited liability company: KEMPLER CA	APITAL MANAGEMENT, LLC			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX! March 31, 2017 3. Date of filing/registration in Florida 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Registered Office Address: Registered Office Address: NEW Registered Agent: NEW Registered Agent: NEW Registered Agent: NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS! If the limited liability company is not organized under the laws of the State of Florida, it is hereby confilmed that after the change or changes are made, the Florida street address of the registered Office and the bus: eas office of the registered agent will be identical. Or, in the case of a Florida limited liability o any, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the nem: The limited liability company or as otherwise provided in the articles of organization or the opera: I hereby accept/he appointment as reffistered agent and agree to act in this capacity. Iffirther agree to comply with the provisions of all statutes relative to the proper and complete peliormanice of my during and agree the obligations of my position as registered agent will be identical. I hereby accept/he appointment as reffistered agent and agree to act in this capacity. Iffirther agree to comply with the provisions of all statutes relative to the proper and complete peliormanice of my during the proper of the proper of the proper of the operal agent as provided jor in Chapter 043. F.S. Oil this document is being filled to merely reflect a change. Signature of Registered Agent Sean Honan, Assistant Secretary Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		1450 Brickell Ave., Suite 2110			
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Registered Agent: Registered Office Address: ARI KEMPLER	J. Date of innigregistration in Florida	. Document number			
Registered Office Address: 1450 BRICKELL AVENUE, SUITE 2110 MIAMI, FL 33131 T	5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept, of State:			
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NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS! Tallahassee FL 32301** If the limited liability company is not organized under the laws of the State of Florida, it is hereby confilmed that after the change or changes are made, the Florida street address of the registered office and the bus- ess office of the registered agent will be identical. Or, in the case of a Florida limited liability o any, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the mem is fished liability company or as otherwise provided in the articles of organization or the opera is greement of the limited liability company. Signature of a tember or authorized representative of a member The provisions of all statutes relative to the proper and complete peliormance of my auties, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter olds. F.S. Otif this document is being fluid to merely reflect a change. The representative of the proper and complete peliormance of my auties, and am familiar with and accept the obligations of my position as registered agent as provided for in Chapter olds. F.S. Otif this document is being fluid to merely reflect a change. Signature of Registered Agent Sean Honan, Assistant Secretary Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00	(b) Enter name of NEW Registered Agent and/or NEW				
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