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Division of Corporations

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From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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LLC REGISTERED AGENT RESIGNATION COGNITIVE IP HOLDINGS, LLC

| Certificate of Status | 0 |
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STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY,

| Pursuant to the prov | isions of section 605.0115, Florida Statutes, the | undersigned, | | |
|-------------------------|---|--|----------|-----------|
| CORPORATE CREA | hereby resigns as | | | |
| | Name of Registered Agent | | | |
| Registered Agent fo | Cognitive IP Holdings, LLC | | | _ |
| | Name of Limited Liability Company | | | ' |
| L20000227997 | | | | |
| Documer | nt Number, if known | | | |
| A copy of this resign | nation was mailed to the above listed limited lia | bility company at its last known a | address | |
| The agency is terminate | nated and the office discontinued on the 31st day | y after the date on which this stat | ement i | s filed. |
| | John Perez | (0) (0) (1) | 2024 HAR | |
| | Signature of Resigning A | gent | M. | а |
| If signing on behalf | | ₹-8 | | |
| | John Perez | | | Ш |
| | Typed or Printed Name | T S | РМ կ: 09 | D |
| | Special Secretary | :TA | | |
| | Capacity | in the second se | 9 | |

FILING FEES: \$ 85.00 Active Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company \$ 25,00

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314