## 121000312043

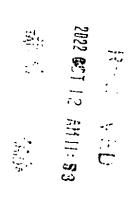
(Requestor's Name)				
	(4 days)			
•	(Address)			
	(Address)			
•				
(	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
	(Dunings Fath, Name)			
(	Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions to	Filing Officer:			

Office Use Only



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A. BUTLER 0CT 13 2022



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

Account#: I20000000088

Date:	10/12/2022						
	Jennifer Bialowas						
	#: <b>1795030</b>	_					
Entity Nan	me: K.E.N. RACING	PARTNERSHIP LLC					
✓ Arti ☐ Am ☐ Cha	icles of Incorporation/Authorization in the incorporation from the i						
	Conversion						
<ul><li>☐ Merger</li><li>☐ Dissolution/Withdrawal</li><li>☐ Fictitious Name</li></ul>							
Oth	ner						
Authorized Signature:	d Amount: 25.00						

F: 800.944.6607

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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.

1. No	ame of the limited liability company: K.E.N. RAC	CING PA	RTNERS	SHIP LLC
2. (a)				
<b>,</b>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	<del></del>	No Cha	inge
	July 8, 2021		ı	L21000312043
3.	Date of filing/registration in Florida	<del></del> 4.		Document number
5. (a)	UNIVERSAL REGISTERED AGENTS, INC	<b>)</b> .		
J. (11)	Registered Agent and Registered Office shown on the records o	The Florida	Dept. of Sta	de:
	1317 CALIFORNIA STREET			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u> </u>	202 35.
	TALLAHASSEE , F	32304		022 OCT 12
(b)	COGENCY GLOBAL INC.			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	iress:	FSI 99
	115 North Calhoun St., Suite 4			
	NEW Registered Office Address:			
	Tallahassee, F	<sub>L_</sub> 32301		_
the cha agent v was/wa	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regist iability co of the lim	tered offic mpany, it ited liabili	se and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
/s/ Ju	ılie Gracz	Julie	Gracz	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obt to mer	hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I if in writing of this change.	e performe ed for in C	mce of my Tiapter 60	duties, and Lam familiar with and accepts, F.S. Or, if this document is being filed

/s/ Sean Honan

Signature of Registered Agent