## M08000004274

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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: 0	9/16/2021						
Name:	Eric Marcano						
Reference #:_	1459515						
Entity Name:_	ty Name:KOVAR LLC						
Articles	of Incorporation/Authoriza	tion to Transact Business					
Amendr	ment						
✓ Change	of Agent						
Reinstat	tement						
☐ Convers	sion						
☐ Merger							
☐ Dissolut	ion/Withdrawal						
Fictitious	s Name						
Other_	· · · · · · · · · · · · · · · · · · ·						
Authorized Amo	ount: <b>\$25.00</b>						
Signature:	Eric Marcano						

F: 800.944.6607

F: +852.2682.9790

## 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.

2. (a)		(b	·			
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limit (Note: MAY BE PO	= = =	-
	No Change		No Cha	nge		•
	September 19, 2008			M0800000	4274	
3.	Date of filing/registration in Florida	4.		Document number	ľ	
5. (a)	REGISTERED AGENT SOLUTIONS, INC	· · ·				
(,	Registered Agent and Registered Office shown on the records	of the Florida	Dept, of Sta	te:		
	155 OFFICE PLAZA DR., SUITE A					
	Registered Office Address	ET ADDRESS		_		
	SUITE A				20	
	TALLAHASSEE	FL 32301	<del></del>	_	2021 SEP 16	Ţ.
(b)	COGENCY GLOBAL INC.			•	ր 16	caus arms
, ,	Enter name of NEW Registered Agent and/or NEW Registe	red Office add	ress:	_	<u>.</u>	1 8
	115 North Calhoun St., Suite 4				PH I2: 1,9	
	NEW Registered Office Address:				9	
	Tallahassee	<sub>FL</sub> 32301		<del>-</del>		
the cha agent v was/w	imited liability company is not organized under the imge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the membericles of organization or the operating agreement of the control	of the regis Hiability cors of the lim	tered offic mpany, it ited liabili	te and the business of is hereby confirmed ty company or as of	office of the reg I that the chang	gistered e(s)
/s/ R	onald E Millard	Rona	ıld E Mill	ard		
Signa	ture of a member or authorized representative of a member			Printed or typed name	e of signee	
provis the ob- to mer	hy accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as prove ely reflect a change in the registered office address, d in writing of this change.	agree to act ete performa ided for in C . I hereby ca	in this cap ince of my hapter 60 infirm that	oacity. I further agr duties, and I am fas 5, F.S. Or, if this do the limited liability	ree to comply w miliar with and ocument is bein company has l	ith the accept g filed been

/s/ Michael Carlisle Signature of Registered Agent