

11000004801



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

es _____ Certificates of Status _____

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Date: 01/12/2021Name: Chris VickReference #: 1302582Entity Name: CHENEGA SECURITY & SUPPORT SOLUTIONS, LLC☐ Articles of Incorporation/Authorization to Transact Business☐ Amendment☒ Change of Agent☐ Reinstatement☐ Conversion☐ Merger☐ Dissolution/Withdrawal☐ Fictitious Name☐ Other _____Authorized Amount: \$25.00

Signature: _____

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

Under the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company
makes the following statement in order to change its registered office or registered agent, or both, in the State of

Name of the limited liability company: CHENEGA SECURITY & SUPPORT SOLUTIONS, LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

No Change

(b) _____

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

No Change

September 23, 2011

Date of filing/registration in Florida

4.

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Document number

UNISEARCH, INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

155 OFFICE PLAZA DRIVE

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

TALLAHASSEE, FL 32301

COGENCY GLOBAL INC.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

15 North Calhoun St., Suite 4

NEW Registered Office Address:

Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
any changes are made, the Florida street address of the registered office and the business office of the registered
agent shall be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
is/are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the limited liability company.

Peter Nosek

Peter Nosek

Signature of a member or authorized representative of a member

Printed or typed name of signer

I accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
requirements of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept
the responsibilities of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed
to effect a change in the registered office address, I hereby confirm that the limited liability company has been
informed in writing of this change.

Mayville

Registered Agent

Tim Mayville, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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SECRETARY OF STATE