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

Account#: I20000000088

Date:	01/12/2021	
Name:	A. 1 10 1	_
	#:1302582	_
Entity Nam	ne:CHENEGA SUPI	PORT SERVICES, LLC
	cles of Incorporation/Authorization	
Am	endment	
√ Cha	ange of Agent	
Rei	nstatement	
Cor	nversion	
☐ Mer	rger	
Diss	solution/Withdrawal	
☐ Fict	itious Name	
☐ Oth	er	
Authorized	$\frac{1}{X}$	

F: 800.944.6607



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

Account#: 120000000088

Date:01/12/2021	
Name: Chris Vick	_
Reference #: 1302582	_
Entity Name: CHENEGA SUPP	ORT SERVICES, LLC
Articles of Incorporation/Authorization	
Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	
Merger	
☐ Dissolution/Withdrawal	
Fictitious Name	
Other	
Authorized Amount: \$25.00 Signature:	

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.

Florid	CHENE	GA SUPPOR	RT SERVICES, LLC	
	ame of the fithited habitity company.	·		
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	No Change		No Change	
	October 19, 2011		M11000005242_	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	UNISEARCH, INC.			
(a)	Registered Agent and Registered Office shown on the reco	ords of the Florida De	pept, of State:	
	155 OFFICE PLAZA DRIVE			
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)		
	TALLAHASSEE	_, FL_32301		
(b)	COGENCY GLOBAL INC.			ł
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	stered Office addres		
	115 North Calhoun St., Suite 4			
	NEW Registered Office Address:		TILED CARACTE	
	Tallahassee	_ _{, FL} _32301	A II: 02	
the chagent was/w	limited liability company is not organized under to ange or changes are made, the Florida street addressed in the case of a Florida limit will be identical. Or, in the case of a Florida limiter authorized by an affirmative vote of the members of organization or the operating agreement of	ess of the register ited liability comp bers of the limite	pred office and the business office of the registripany, it is hereby confirmed that the change(s) and liability company or as otherwise provided.	ered)
	eter Nosek	Peter N		
Signa	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to mer	rby accept the appointment as registered agent an ions of all statutes relative to the proper and com ligations of my position as registered agent as pro- rely reflect a change in the registered office addre d'in writing of this change.	nd agree to act in uplete performand ovided for in Cha ess, I hereby conf	t this capacity. I further agree to comply with ace of my duties, and I am familiar with and ac apter 605, F.S. Or, if this document is being f firm that the limited liability company has bee	the cep iled n

/s/ Tim Mayville

Signature of Registered Agent

Tim Mayville, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00