## M13000001452

(Requestor's Name)				
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PICK-UP WAIT MAIL				
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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:		_			
Reference	e #:1302582	_			
Entity Nar	me: CHENEGA MANUFA	CTURING SERVICES, LLC			
☐ Art	icles of Incorporation/Authorization	to Transact Business			
Am	nendment				
✓ Change of Agent					
Reinstatement					
Conversion					
☐ Merger					
☐ Dissolution/Withdrawal					
☐ Fic	titious Name				
Oth	ner				
Authorize Signature	d Amount: \$25.00	<del></del>			

## 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. Na	me of the limited liability company:CHENE	GA MANUFA	CTURING SERVICES, LLC
2. (a)	Principal office address of limited liability compan	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)	y.	(Note: MAY BE POST OFFICE BOX)
	No Change		lo Change
	March 6, 2013		M13000001452
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNISEARCH, INC.		
). (a)	Registered Agent and Registered Office shown on the reco	rds of the Florida De	pt. of State:
	155 OFFICE PLAZA DRIVE		
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)	
	TALLAHASSEE	<sub>FL_</sub> 32301	2021
(b)	COGENCY GLOBAL INC.		2021 JAN 12
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	stered Office addre	<u></u> 5
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		平着 8
	Tallahassee	<sub>. FL</sub> 32301	
the cha agent v was/wa	imited liability company is not organized under thinge or changes are made, the Florida street addrestill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membels of organization or the operating agreement of	ess of the register ted liability comp bers of the limite	red office and the business office of the registered cany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
/s/ Peter Nosek		Peter N	
I here provisi the obl to mer	ture of a member or authorized representative of a member by accept the appointment as registered agent an ons of all statutes relative to the proper and comigations of my position as registered agent as proper by reflect a change in the registered office address of this change.	d agree to act in plete performane ovided for in Cha ss, I hereby conf	Printed or typed name of signee this capacity. I further agree to comply with the re of my duties, and I am familiar with and accep- type 605, F.S. Or, if this document is being filed firm that the limited liability company has been
	m Mayville		
Signatu	re of Registered Agent Tim Mayville, Assistant	– Secretary	

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