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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:		
	#:1302582	_
Entity Nam	e: CHENEGA APP	LIED SOLUTIONS, LLC
Artic	cles of Incorporation/Authorizatio	n to Transact Business
☐ Ame	endment	
☑ Cha	nge of Agent	
☐ Rein	nstatement	
Con	version	
☐ Mer	ger	
Diss	solution/Withdrawal	
☐ Ficti	tious Name	
Othe	er	
Authorized Signature:	Amount. \$25.00	

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 limited liability company: (Note: MAY BE POST OFFICE BOX)			
	No Change		No Cha	inge			
	September 25, 2013			M13000	006075	,	
š.	Date of filing/registration in Florida	4.		Document nur			
• (.)	UNISEARCH, INC.						
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of Sta	ite:			
	155 OFFICE PLAZA DRIVE						
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	Į				
	TALLAMACOEE	32301	·· -	_			
	TALLAHASSEE	FL_32301		_	77) 1 11 1	202	
(b)	COGENCY GLOBAL INC.			_		2021 JAN 12	_,
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	<u>lress</u> :			112	í
	115 North Calhoun St., Suite 4						
	NEW Registered Office Address:			_	アンド	AM 10: 01	, are 1,
	Tallahassee, 1	_{FL_} 32301		 -			
he cha igent a was/w	imited liability company is not organized under the inge 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 member icles of organization or the operating agreement of the	of the regis liability ec s of the lim	stered offic mpany, it ited liabili	ce and the busing is hereby confir ty company or a	ess office o med that th	f the re e chang	gisterec ge(s)
	eter Nosek	Pete	Peter Nosek Printed or typed name of signee				
_	ture of a member or authorized representative of a member		in this ca				oide dea
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 provi ely reflect a change in the registered office address, d'in writing of this change.	igree to act de performe ded for in C I hereby co	in this cap ance of my Chapter 60 onfirm tha	pachy. I jarmer thaties, and I ar 15, F.S. Or, if th t the limited liab	agree ween n familiar v is documen pility compa	vith and it is bein my has	tan ine Laccep ny filed been
• -	m Mayville						

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