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(Reque	estor's Name)			
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PICK-UP	WAIT MAIL			
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Certified Copies	Certificates of Status			
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **P: 866.625.0838** 

F: 866.625.0839

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Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:05	14/2024				
Name:	Patrice Rush	_			
Reference #:	2334521	_			
Entity Name:	CANDORIS T	ECHNOLOGIES, LLC			
Articles o	of Incorporation/Authorizatio	n to Transact Business			
Amendm	ent				
✓ Change of the control of the	Change of Agent				
Reinstate	ement				
Conversi	on				
Merger					
☐ Dissolution/Withdrawal					
Fictitious Name					
Other					
Authorized Amo	ount: \$25.00				



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F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:0	05/14/2024					
Name:	Patrice Rush	<del></del>				
Reference #:_		<u> </u>				
Entity Name:_	CANDORIS 1	ECHNOLOGIES, LLC				
☐ Articles	of Incorporation/Authorization	on to Transact Business				
Amend	ment					
Change	Change of Agent					
Reinsta	atement					
☐ Conver	sion					
☐ Merger						
☐ Dissolution/Withdrawal						
Fictitious Name						
Other_						
Authorized An	nount: <b>\$25.00</b>					
Signature:	(Palle					

## 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. N	ame of the limited liability company	CANDOF	RIS TE	ECHNOLOGIES, LLC
2. (a)		··	(b)	
±. (a)	Principal office address of limited (Note: MUST BE STREE)		_ (07	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change		<del></del> -	No Change
	May 17, 2016		_	M16000003948
3.	Date of filing/registration	in Florida	4.	Document number
5. (a)	Registered Agents Inc			
	Registered Agent and Registered Office st	hown on the records of t	he Florida I	Dept. of State:
	7901 4TH STREET NORTH	!		
	Registered Office Address (MUST BE	<u>E FLORIDA STREET A</u>	DDRESS)	10
	SUITE 300			124 F
	ST.PETERSBURG	, FL_	33702	
(b)	COGENCY GLOBAL INC.			FILED FILED FILED FILED FILED FILED FILED FILED FILED
, ,	Enter name of NEW Registered Agent a	nd/or NEW Registered	Office addr	ress:
	115 North Calhoun St., Suit	e 4		
	<u>NEW</u> Registered Office Address:			
	Tallahassee	, FL	32301	
the ch agent was/w the art	limited liability company is not organge or changes are made, the Flori will be identical. Or, in the case of	anized under the law da street address of a Florida limited lia te of the members o	vs of the S the registe ability con f the limit limited lia	State of Florida, it is hereby confirmed that after tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in ability company.  Mark J. Killian
Sign	ature of a member or authorized representat	ive of a member		Printed or typed name of signee
provis the ob to mei	eby accept the appointment as regis, sions of all statutes relative to the pr ligations of my position as registere rely reflect a change in the registere ad in writing of this change.	tered agent and agre coper and complete ed agent as provided ed office address. I l	ee to act i performal I for in Cl iereby cor	in this capacity. I further agree to comply with the mce of my duties, and I am familiar with and accep hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been

Signature of Registered Agent

/s/ Tim Mayville

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