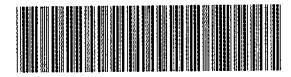


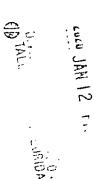
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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9 N. 5 1911 (4)



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:					
	e #:1302582				
Entity Nar	AJANTA CONSULTING, LLC				
Art	icles of Incorporation/Authorizati	on to Transact Business			
Amendment					
Change of Agent					
Reinstatement					
Conversion					
Merger					
☐ Dissolution/Withdrawal					
Fictitious Name					
Oth	ner				
Authorize	d Amount: \$25.00				

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.

Floride		CONCLUTING	2.4.0
I. Ni	ime of the limited liability company: AJANTA	CONSULTING	5, LLC
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	Change Change
	August 14, 2019		M19000007858
3.	Date of filing/registration in Florida	4.	Document number
£ ()	UNISEARCH, INC.		
5. (a)	Registered Agent and Registered Office shown on the record	is of the Florida Dept	. of State:
	155 OFFICE PLAZA DRIVE		
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	
	TALLAHASSEE	. FL_32301	, :
	TALLATIASSEL	. FL	
(b)	COGENCY GLOBAL INC.		
	Enter name of NEW Registered Agent and/or NEW Regist	tered Office address:	<u>-</u>
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	EI 32301	
the cha agent v was/we the arti /s/ Pt Signa	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 limite ere authorized by an affirmative vote of the membericles of organization or the operating agreement of eter Nosek ture of a member or authorized representative of a member the accept the appointment as registered agent and ions of all statutes relative to the proper and complications of my position as registered agent as provedly reflect a change in the registered office address	e laws of the Statess of the registered liability compaers of the limited fihe limited liabil Peter No.	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company. DSek Printed or typed name of signee Disconnective I further coree to comply with to

Tim Mayville, Assistant Secretary

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

INHS18 (2/14)

/s/ Tim Mayville
Signature of Registered Agent