M2/000008335

	(Requestor's Name)			
	(Address)			
·	(Address)			
	(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
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	(Business Entity Name)			
	(business civily maine)			
	(Document Number)			
Certified Copies	Certificates of Status			
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Special Instructions to	Filing Officer:			
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115 N CALHOUN ST., STE. 4 TALAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

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

Date:	09/05/2024	- ,						
	Patrice	Rush						
Reference #	0.44	91380						
Entity Name	e:	SKAANA P	ARTNERS GP, LLC					
Articl	es of Incorporat	ion/Authorizatio	n to Transact Business					
Amendment								
✓ Chan	✓ Change of Agent							
☐ Reins	statement	•						
☐ Conv	ersion							
☐ Merg	er							
Disso	olution/Withdraw	<i>r</i> al						
☐ Fictiti	ious Name							
Othe	r		**************************************					
Authorized A	Amount:	\$35.00						
Signature	(/ سر /)	0						

P: +852.2682.9633

F: +852.2682.9790

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.

١.	1. Name of the limited liability company:		Skaana Partners GP, LLC		
2.	(a)	921 President Street	(b)	921 President Street	
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Brooklyn, NY 11215		Brooklyn, NY 11215	
,		6/30/2021		M21000008335	
3.		Date of filing/registration in Florida	4.	Document number	
5. (a)					
		Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)		
		, FL		——————————————————————————————————————	
	(b)	Cogency Global Inc.			
	(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
		115 North Calhoun Street, Suite 4 NEW Registered Office Address:		——	
		ing in the region of the regions.		. · · · · · · · · · · · · · · · · · · ·	
		Tallahassee , FL	32301		
th ag w	e ch: gent ' as/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited linere authorized by an affirmative vote of the members of organization or the operating agreement of the	the registered ability compar of the limited l	office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in	
_	6		 	Daniel Katzner	
l pi ti ti n	here	enture of a member or authorized representative of a member seby accept the appointment as registered agent and agricions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I are in writing of this change.	ree to act in th performance d for in Chapt hereby confiri	Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed in that the limited liability company has been	
- <u>-</u> <u>-</u>	ogei	ney Global Inc Tracy Giumarra, Assistant Secretary			
	2	Division of Corporations P.O. 1	Box 6327• Ta EE: \$25.00	llahassee, FL 32314	

INHS18 (2/14)