(Pag	uestor's Name)	
(req	destors marrie)	
- (A d.1		
(Add	ress)	
		<del>_</del>
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer	
Special matructions to 1	ming officer.	

Office Use Only



700401441427



A. BUTLER FEB = 3 2023



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P. 866 625 0838

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:	02/02/2023					
Name:	Janelle Davis	<u> </u>				
Reference	ce #: <b>1782238</b>	<del>_</del>				
Entity Na	ty Name:KADIAK, LLC					
	rticles of Incorporation/Authorization	n to Transact Business				
√ C	hange of Agent					
☐ R	einstatement					
c	onversion					
M	lerger					
D	issolution/Withdrawal					
F	ictitious Name					
	Other					
	re:					
Signatur	cunice vavis_	·· <del>······</del>				

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH F LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comsubmits the following statement in order to change its registered office or registered agent, or both, in the Sta Florida.

2. (a)		(b)	<b>)</b>				
2. (u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of (Note: MAY BE		•	
	No Change	<del></del>	No Cha	ange			
	September 14, 2021		M210	00012224			
3.	Date of filing/registration in Florida	4.		Document nun	ıber		
5. (a)	Corporation Service Company						
J. (a)	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of Sta	ate:			
	1201 Hays Street						
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS					
						<u>7</u> 07	
	Tallahassee	FL_32301	-2525	<del>_</del>	<del>.</del> ,	2023 FEB	
(b)	COGENCY GLOBAL INC.					-2	
( )	Enter name of NEW Registered Agent and/or NEW Register	red Office add	ress:	_	1171	AH 10:	<u></u> ,
	115 North Calhoun St., Suite 4				. 'SE' :: E	0: 33	***
	NEW Registered Office Address:						
	<del></del>			_			
	Tallahassee	<sub>FL</sub> 32301		<u> </u>			
the cha agent was/w	limited liability company is not organized under the ange 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 t	of the regis Hiability co is of the lim	tered office mpany, it ited liabil	ce and the busine is hereby confir ity company or a	ess off med th	ice of t at the o	he regis :hange(
/s/ T	homas H. Panamaroff	Thon	nas H. P	Panamaroff			
Signa	iture of a member or authorized representative of a member			Printed or typed	name of	signce	
provis the ob to mer	by 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	agree to act ele performa ded for in C I hereby co	in this ca ince of my hapter 60 infirm tha	pacity. I further y duties, and I an )5, F.S. Or, if th ut the limited liab	agree 1 famil 1s doc1 1lity co	to com liar wit ument i ompany	iply with h and a s being has be

/s/ Timothy Mayville
Signature of Registered Agent

Timothy Mayville, Assistant Secretary

Division of Corporations 

P.O. Box 6327 

Tall: