(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:				
NOV 15 3024				





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2024 HOV 1 IL AM 8: 06



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	11/14/2024					
	Cheyanne Davis	_				
Reference #	2447551	_				
		JPPLY CHAIN LLC				
√ Article	es of Incorporation/Authorization	n to Transact Business				
Amen	dment					
☐ Chan	ge of Agent					
☐ Reins	tatement					
Conversion						
☐ Merge	er					
☐ Disso	lution/Withdrawal					
☐ Fictition	ous Name					
Other						
Authorized A	mount: \$43.75					
Signature:	Ohyme Paire					

F: 800.944.6607

F: +852.2682.9790



115 N CALHOUN ST., STE. 4 TALLAHASSEE, 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:	11/14/2024				
Name:	Cheyanne Davis	_			
Reference #	2447551	_			
		PPLY CHAIN LLC			
✓ Artic	les of Incorporation/Authorization	to Transact Business			
☐ Ame	ndment				
Change of Agent					
Reinstatement					
Conversion					
Merger					
☐ Dissolution/Withdrawal					
Fictitious Name					
☐ Othe	r				
Authorized /	Amount: \$43.75				
Signature: _	Uhyma faire				

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.

1. Na	nme of the limited liability company: KORBE	ER SUPP	LY CHAIN LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	No.	o Change
	January 13, 2022		M22000000731
 (a) 		. 4.	Document number
	Registered Agent and Registered Office shown on the records 1200 South Pine Island Road Registered Office Address (MUST BE FLORIDA STREE		
	Plantation	FL_33324	
(b)	COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Registered Office address: 115 North Calhoun St., Suite 4		FILED 2024 NOV 14 AM 10: 33
	NEW Registered Office Address:		
	Tallahassee	_{FL} 32301	
the cha agent v was/wa	imited 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 registere Hiability comparts of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) Hiability company or as otherwise provided in
/s/ St	tefan Boehmer		Boehmer
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Timothy Mayville

Signature of Registered Agent

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