P68 000 064 111

| (Requestor's Name) |
|---|
| |
| (Address) |
| (Address) |
| (100.000) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Linuty Manie) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |
| |
| |
| 134 |

Office Use Only



000432573360





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

Account#: I20000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

| Date: | 08/01/2024 | (850) 202-1882 | | | | | |
|--------------------------|--------------------------------|----------------------------|--|--|--|--|--|
| | Cheyanne Davis | <u> </u> | | | | | |
| | 2411467 | | | | | | |
| | :KIRBY | INDUSTRIES, INC. | | | | | |
| ☐ Artic | les of Incorporation/Authoriza | ation to Transact Business | | | | | |
| ✓ Ame | ndment | | | | | | |
| Change of Agent | | | | | | | |
| Reinstatement | | | | | | | |
| Con\ | Conversion | | | | | | |
| ☐ Merg | ☐ Merger | | | | | | |
| ☐ Dissolution/Withdrawal | | | | | | | |
| ☐ Fictit | ious Name | | | | | | |
| Othe | r | | | | | | |
| | | | | | | | |
| Authorized A | Amount: \$3 5.00 | | | | | | |
| Signature: | Organic Re- | | | | | | |

F: +852.2682.9790

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

| statement of chan | rovisions of sections 607.0, ge is submitted for a corpo | ration organiz | ed under the laws of the St | ate of Florida | |
|--|---|---|--|--|--|
| | to change its registered off | | | ме ој Етогиа. | |
| 1. The name of the corporation: | | | Kirby Industries, Inc. | | |
| 2. The principal of | ffice address: | | | | |
| | 819 SW Fe | deral Hwy 206 | Stuart, FL 34994 | | |
| 3. The mailing ad | dress (if different): | | | | |
| 4. Date of incorpo | oration/qualification: | 07/03/2008 | Document number: | P08000064111 | |
| | street address of the current ment of State: (If resigned, | registered age | nt and registered office on | | |
| _ | CORPOR | ATION SERV | ICE COMPANY | | |
| _ | 1 | 1201 HAYS ST | REET | | |
| _ | TALLAHASSEE, FL 32301 | | | | |
| 6. The name and a | street address of the new re | gistered agent | (if changed) and /or registe | ered office | |
| _ | | Cogency Glob | al Inc. | | |
| | 115 North Calhoun Street, Suite 4 | | | | |
| - | | P.O. Box. N | OT acceptable | | |
| _ | Tall | ahassee, Flori | da 32301 ———————— | | |
| The street addres as changed will b | s of its registered office ar | nd the street ac | dress of the business offic | ce of its registered agent | |
| Such change was authorized by the | authorized by resolution of board, or the corporation | duly adopted b has been notif | y its board of directors or led in writing of the chan | by an officer so ge. | |
| | /s/ Mike Viola | | Mike Viola, | Manager | |
| - | of an officer or director | | Printed or typed nar | | |
| I hereby accept if I further agree to of my duties, and document is bein corporation has I | ne appointment as register comply with the provision I am familiar with and ac g filed merely to reflect a c cen notified in writing of | ed agent and a is of all statute cept the oblige change in the t this change. | agree to act in this capaci is relative to the proper a tion of my position as reg registered office address, | ty, nd complete performanc sistered agent. Or, if thi I hereby confirm that the | |
| /s/ | Timothy Mayville | | 07/30/20 | 24 | |
| Signa | ture of Registered Agent | | Date | | |
| If signing on beha | alf of an entity: | | | | |
| Timothy Ma | yville, Assistant Secretary | | | | |
| Тур | ed or Printed Name | | | | |
| | * * *] | FILING FEE | : \$35.00 * * * | | |

Make Checks payable to Florida Department of State Mail, to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (04/13)