P9600000 7656

(1	Requestor's Name)	
(/	Address)	
(Address)		
	City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(E	Business Entity Name)	
	Name of March and	
(L	Document Number)	
Certified Copies	Certificates of St	atus
Special Instructions to Fi	=	
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	YOK,	2024
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	J. HORNE	
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Office Use Only



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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:0	6/18/2024			
	Patrice Rush			
Reference #:	2400957			
		SUPEX, INC.		
_	·	rization to Transact Business		
☐ Amendn	nent			
	of Agent			
Reinstat	ement			
Conversion				
☐ Merger				
☐ Dissolut	ion/Withdrawal			
☐ Fictitious	s Name			
Other_				
Authorized Amo	ount:\$35.0	0		
Signature:	(Pall			

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:0	6/18/2024			
Name:	Patrice Rush	<u> </u>		
	2400957			
Entity Name:_	SU	PEX, INC.		
☐ Articles	of Incorporation/Authorization	n to Transact Business		
Amendr				
✓ Change of Agent				
☐ Reinstat	tement			
Conversion				
☐ Merger				
☐ Dissolution/Withdrawal				
Fictitious	s Name			
Other_				
Authorized Am	ount:\$35.00			
Signature:	(Pall			

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

statement of cha	nge is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, this organized under the laws of the State of Florida registered agent, or both, in the State of Florida.
1. The name of t	he corporation: SUPEX, IN	C
	office address:	
118	341 US HWY 41 S, GIB	SONTON, FL 33534
3. The mailing a	ddress (if different):	
4. Date of incorp	oration/qualification: 1/22/19	996 Document number: <u>P9600007656</u>
	street address of the current regist tment of State: (If resigned, enter r	ered agent and registered office on file with the esigned)
	CORPORATION S	ERVICE COMPANY
	1201 HAYS STRE	ET
	TALLAHASSEE, F	
6. The name and (if changed):	street address of the new registere	ncy Global Inc. Alhoun Street, Suite 4 PO Box NOT acceptable ee, Florida 32301
	Coger	ncy Global Inc.
	115 North Ca	Alhoun Street, Suite 4
	-	PO Box NOT acceptable
	Tallahass	ee, Florida 32301 ပ
The street address changed will	ss of its registered office and the be identical.	street address of the business office of its registered agent.
Such change wa authorized by the	s authorized by resolution duly ac e board, or the corporation has be	dopted by its board of directors or by an officer so sen notified in writing of the change.
	elsa Calderon	Michelsa Calderon, Assistant Secretary
I hereby accept to I further agree to of my duties, and document is bein		Printed or typed name and tote ent and agree to act in this capacity. Il statutes relative to the proper and complete performanc we obligation of my position as registered agent. Or, if this in the registered office address, I hereby confirm that the wange.
/s/ Tim Mayville		6/5/2024
Sign If signing on bel	ature of Registered Agent	Date
Tim Mayville,	Assistant Secretary	

* * * FILING FEE: \$35.00 * * *