



COMMONWEALTH OF KENTUCKY  
MICHAEL G. ADAMS, SECRETARY OF STATE

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POC

Michael G. Adams  
Kentucky Secretary of State  
Received and Filed:  
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Fee Receipt: \$10.00

Division of Business Filings  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490

Statement of Change of Principal Office Address

POC

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275, 362 or 386 the undersigned hereby applies to change the principal office address on behalf of

WSE MANAGEMENT, LLC

\_\_\_\_\_ and for that purpose submits the following:  
(The name must be identical to the name on record with the Secretary of State.)

**1. Principal office address currently on file:**

702 SW 8TH ST.  
BENTONVILLE, AR 72716

**Principal office is hereby changed to:**

1 CUSTOMER DR  
BENTONVILLE, AR 72716

**Fee: The fee for this filing is \$10.**

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

**X** /s/ Geoffrey Edwards  
Signature of Authorized Agent

Geoffrey Edwards  
Printed Name

3/26/2025  
Date



**COMMONWEALTH OF KENTUCKY**  
**MICHAEL G. ADAMS, SECRETARY OF STATE**

**Division of Business Filings**  
P.O. Box 718  
Frankfort, KY 40602  
(502) 564-3490  
[www.sos.ky.gov](http://www.sos.ky.gov)

**Certificate of Authority**  
(Foreign Business Entity)

**FBE**

Pursuant to the provisions of KRS 14A – 030 the undersigned hereby applies for authority to transact business in Kentucky on behalf of the entity named below and, for that purpose, submits the following statements:

1. The entity is a:
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> profit corporation  | <input type="checkbox"/> nonprofit corporation                | <input type="checkbox"/> professional limited liability company |
| <input type="checkbox"/> business trust      | <input checked="" type="checkbox"/> limited liability company | <input type="checkbox"/> statutory trust                        |
| <input type="checkbox"/> limited partnership | <input type="checkbox"/> ltd cooperative association          | <input type="checkbox"/> other                                  |
| <input type="checkbox"/> non-profit llc      | <input type="checkbox"/> professional service corporation     |   |

2. The name of the entity is Symbotic LLC

(The name must be identical to the name on record in the state where the entity was formed.)

3. The name of the entity to be used in Kentucky is (if applicable): \_\_\_\_\_  
(Only provide if name on line 2 is unavailable for use; otherwise, leave blank.)

4. The state or country under whose law the entity is organized is Delaware

5. The date of organization is 04/04/2007 and the period of duration is Perpetual  
(If left blank, duration is considered perpetual.)

6. The mailing address of the entity's principal office is  
200 Research Drive

<b>Street Address</b>	<u>Wilmington</u>	<u>MA</u>	<u>01887</u>
	<b>City</b>	<b>State</b>	<b>Zip Code</b>

7. The street address of the entity's registered office in Kentucky is  
306 W. Main Street, Suite 512

<b>Street Address (No P.O. Box Numbers)</b>	<u>Frankfort</u>	<u>KY</u>	<u>40601</u>
	<b>City</b>	<b>State</b>	<b>Zip Code</b>

and the name of the registered agent at that office is C T Corporation System

8. The names and business addresses of the entity's representatives (secretary, officers and directors, managers, trustees or general partners):

<u>Richard B. Cohen</u>	<u>200 Research Drive</u>	<u>Wilmington</u>	<u>MA</u>	<u>01887</u>
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<u>Corey Dufresne</u>	<u>200 Research Drive</u>	<u>Wilmington</u>	<u>MA</u>	<u>01887</u>
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Name</b>	<b>Street or P.O. Box</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>

9. If a professional service corporation, all the individual shareholders, not less than one half (1/2) of the directors, and all of the officers other than the secretary and treasurer are licensed in one or more states or territories of the United States or District of Columbia to render a professional service described in the statement of purposes of the corporation.

10. I certify that, as of the date of filing this application, the above-named entity validly exists under the laws of the jurisdiction of its formation.

11. If a limited partnership, it elects to be a limited liability limited partnership. Check the box if applicable: ☐

12. If a limited liability company, check the box if manager-managed: ☒

13. This entity is a retailer of authorized vapor products as defined by KRS 438.305(2). Check the box, if applicable: ☐

DocuSigned by:

Corey C. Dufresne

Corey C. Dufresne Authorized Officer March 31, 2025

Signature of Authorized Representative

Printed Name & Title

Date

I, C T Corporation System, consent to serve as the registered agent on behalf of the business entity.

Type/Print Name of Registered Agent

By: C T Corporation System

SEAN L. EMERICK

ASSISTANT SECRETARY

03/10/2025

Signature of Registered Agent

Printed Name

Title

Date