LO4000075371

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



700394054397



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Date: October	12, 2022	Account#: 12000000008		
	Shulman			
Reference #:	1806206	<u> </u>		
Entity Name:	SIMPLY STOP	RAGE MANAGEMENT, LLC		
Articles of Incorp	oration/Authorization	on to Transact Business		
Amendment				
Change of Agent		ICCHEC2 CALL		
Reinstatement		ISSUES? CALL David:		
Conversion		850-270-0082		
Merger Merger				
Dissolution/Witho	drawal			
☐ Fictitious Name				
Other				
Authorized Amount:	\$25.00			
Signature:	David Shulman			

+44 (0)20.3786.1090

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. N	ame of the limited liability company:SIM	PLY STORA	GE MANAGEMENT, LLC
2. (a)	4901 VINELAND RD, # 350, Orlando FL 3281 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)
3.	07/28/2006 Date of filing/registration in Florida	4.	L06000075371 Document number
5. (a)	SCHMUTZLER, KYLE		S 22
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 4901 VINELAND ROAD SUITE 350 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		OCT 13
	Orlando FL	32811	<u>m</u> 5 🛣
(b)	COGENCY GLOBAL INC. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> 115 North Calhoun Street, Suite <u>NEW</u> Registered Office Address:		8: 5
	Tallahassee, FL	32301	
the char agent was/we the artic	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liability re authorized by an affirmative vote of the members of teles of organization or the perating agreement of the limited street.	ne registered of ility company, the limited liab mited liability o	fice and the business office of the registered it is hereby confirmed that the change(s) fility company or as otherwise provided in
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
nongiga Li	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pergations of my position as registered agent as provided for reflect a change in the registered office address, I here in writing of this change. The definition of Registered Agent	e to act in this c erformance of n for in Chapter t reby confirm th	apacity. I further agree to comply with the ny dulies, and I am familiar with and accept 105, F.S. Or, if this document is being filed at the limited liability company has been

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 F1LING FEE: \$25.00