116000017472

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:05/	11/2021				
Name: J	ennifer Bialowas	_			
	1371412	_			
Entity Name:	5900 BRO	(EN SOUND, LLC			
Articles of	f Incorporation/Authorization	to Transact Business			
Amendme	ent				
Change o	f Agent				
Reinstater	ment				
Conversio	on				
Merger					
☐ Dissolution/Withdrawal					
☐ Fictitious Name					
Other		·			
Authorized Amou	unt: 25.00				
Signature:	In Thring				

F: 800.944.6607

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. Name	of the limited liability company: 5900 BROKEN SOUND,		BROKEN SOUND, LLC	
2. (a)		(b) _		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (%)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
<u> </u>	5900 BROKEN SAND PRKWY NW	_	5900 BROKEN SAND PRKWY NW	
	BOCA RATON, FL 33487		BOCA RATON, FL 33487	
	4/21/2016		L16000077472	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a) _	<u> </u>			
Re	egistered Agent and Registered Office shown on the records of t	he Florida De	pt. of State:	
_	FLANIGAN, TIMOTHY E.			
Ro	egistered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
5900 BROKEN SAND PRKWY NW				
	BOCA RATON FL	3348	÷ 22 37 37 37 37 37 37 37 37 37 37 37 37 37	
			The state of the s	
(p)	COGENCY GLOBAL INC.			
En	ster name of NEW Registered Agent and/or NEW Replatered	Office addres	3 : 고만	
	115 North Calhoun Street, Suite 4	L .	AH 10: 1,2	
N	EW Registered Office Address:	<u> </u>		
_	:			
	Tallahassee , FL	3230	1	
the change agent will was/were the article: Signature I hereby a provisions the obligation merely in	ted liability company is not organized under the law e or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of sof organization or the operating agreement of the liability of a member or authorized representative of a member accept the appointment as registered agent and agree of all statutes relative to the proper and complete putions of my position as registered agent as provided reflect a change in the registered office address, I he writing of this change.	the registers bility comp the limited imited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in litty company. P. Lynde, Manager Printed or typed name of signee	

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

/s/ Sheryl A. Gibbs Signature of Registered Agent