## M0200000048

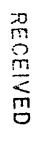
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
JUL 16 2024				

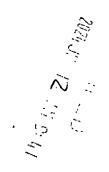
Office Use Only



100431202441

SECRETARY OF STATE







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

Account#: 120000000088

For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:07.	/12/2024	(850) 202-1882
Name:	Cheyanne Davis	
Reference #:		
Entity Name:	JCDECAUX MA	LLSCAPE, LLC
☐ Articles o	f Incorporation/Authorization to 1	ransact Business
Amendm	ent	
Change of the control of th	of Agent	
Reinstate	ement	
Conversi	on	
Merger		
☐ Dissolution	on/Withdrawal	
Fictitious	Name	
Other		
Authorized Amo	ount: <b>\$25.00</b>	<u> </u>
Signature:	Onymet Re-	

F: 800.944.6607



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:	07/12/2024	(850) 202-1882
	Cheyanne Davis	
Reference #		
		ALLSCAPE, LLC
•		
Artic	les of Incorporation/Authorization to	o Transact Business
Ame	ndment	
Char	nge of Agent	
☐ Rein	statement	
Conv	version	
☐ Mero	ger	
Diss	olution/Withdrawal	
Fiction	tious Name	
☐ Oth€	er	
Authorized	Amount: <b>\$25.00</b>	
Signature:	Chayanc Ra-	

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

. (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)
	No Change		No C	Change
	January 7, 2002			M02000000048
	Date of filing/registration in Florida	4.		Document number
. (a)	C T CORPORATION SYSTEM			
. (11)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of	l'State:
	1200 SOUTH PINE ISLAND ROAD			
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS</u>	Į	
	PLANTATION	33324		
(b)	COGENCY GLOBAL INC.			7824 J. 12
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	<u>iress</u> :	<u> </u>
	115 North Calhoun St., Suite 4			
	<u>NEW</u> Registered Office Address:			<u></u> 양비
	Tallahassee	32301		<del></del>
he cha igent w vas/we	imited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li- are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ws of the f the regis ability ec of the lim	stered c impany iited lia	office and the business office of the registers; it is hereby confirmed that the change(s) shility company or as otherwise provided in
	an Sullivan		Sulliv	
	ture of a member or authorized representative of a member			Printed or typed name of signee
rovisi he obl. o mere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I I'in writing of this change.	ree to act perform ed for in ( hereby co	in this ance of hapter infirm	capacity. I further agree to comply with the fact my duties, and I am familiar with and acce or 605, F.S. Or, if this document is being file that the limited liability company has been

Tim Mayville, Assistant Secretary

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

Signature of Registered Agent