H0400003015

(Requestor's Name)
(Address)
(Addiess)
(Address)
(City/State/Zip/Phone #)
(Oky/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
OC; 13 2022
2022



400395148294



Office Use Only



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

Account#: I20000000088

Date:	10/12/2022					
Name:	Merritt Walker					
Reference #:	1795030					
	CKB DE	/ELOPMENT LLC				
	es of Incorporation/Authorization					
☐ Amen	Amendment					
✓ Chang	✓ Change of Agent					
Reinst	Reinstatement					
☐ Conve	ersion					
☐ Merge	er					
☐ Dissolution/Withdrawal						
☐ Fictitio	ous Name					
Other_						
Authorized A	mount: \$25					
Signature:	mw					

F: 800.944.6607



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Account#: I20000000088

Date:	10/12/2022	
Name:	Merritt Walker	_
Referenc	e #:1795030	
Entity Na	me: CKB DE	VELOPMENT LLC
☐ Ar	ticles of Incorporation/Authorizat	ion to Transact Business
☐ An	nendment	
✓ Ch	nange of Agent	
☐ Re	einstatement	
Cc	onversion	
☐ Me	erger	
Dì:	ssolution/Withdrawal	
☐ Fid	ctitious Name	
☐ Ot	her	
Authorize	ed Amount: \$25	
Signature	e:mw	

F: 800.944.6607

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. Na	nne of the limited liability company:CKB DEVE	LOPME	NT LLC					
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limit	ted liability			
	(<u>Note: MUST BE STREET ADDRESS</u>)	(Note: MAY BE POST OFFICE BOX)						
	No Change	<u>-</u>	No Cha	nge				
	August 3, 2004		N	104000003075				
3.	Date of filing/registration in Florida	4.		Document number	r			
5. (a)	UNIVERSAL REGISTERED AGENTS, INC) .						
. (.,	Registered Agent and Registered Office shown on the records o	f the Florida	Dept, of Star	e:				
	1317 CALIFORNIA ST.							
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u>!</u>	_				
	TALLAHASSEE F	32304		_	₹.	21		
(b)	COGENCY GLOBAL INC.	 _		_	SECRETARY FALLAHASSE	022 OC	77	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office ado	<u>lress</u> :		表式			
	115 North Calhoun St., Suite 4			_	기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기 기	2 H	17	
	NEW Registered Office Address:		····	_	- · · · ·	2022 OCT 12 AMI1: 14	J	وبسح
	Tallahassee F	_I 32301		_				
the cha agent v was/we	imited liability company is not organized under the launge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members teles of organization or the operating agreement of the	of the regis liability co of the lim	tered offic mpany, it i ited liabilit	e and the business of is hereby confirmed by company or as of	office of the contraction of the	he regi hange	stered (s)	
/s/ Ju	ilie Gracz	Julie	Gracz	-				
Signat	ture of a member or authorized representative of a member			Printed or typed name	of signee			
provisi the obl to mere	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, It in writing of this change.	ree to act e perform ed for in C Thereby co	in this cap ince of my hapter 60, infirm that	ocity. I further agr duties, and I am far 5. F.S. Or, if this do the limited liability	ree to com miliar wit ocument is r company	ply wi h and i s beiny has b	th the accept t filed cen	
Isl Se	ean Honan							

Sean Honan, Assistant Secretary

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

Signature of Registered Agent