100000361

(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:					
J. HORNE JUL 16 2024					

Office Use Only



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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

Date:	07/12/2024		(850) 202-1882			
	Cheyanne	Davis				
Reference	#: 2407	085				
Entity Nam	ne:MIA	MI AIRPORT	CONCESSION LLC			
	cles of Incorporation	n/Authorization to	o Transact Business			
Am	endment					
✓ Change of Agent						
Reinstatement						
☐ Conversion						
☐ Merger						
☐ Dissolution/Withdrawal						
☐ Fict	titious Name					
☐ Oth	ner	****				
Authorized	d Amount:	\$25.00				
Signature	Oraquius Ros	2				

F: 800.944.6607



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Account#: I2000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date:	07/12/2024	_ (850) 202-188				
	Cheyanne Da	vis				
	240708					
		AIRPORT CONCESSION LLC				
☐ Article ☐ Amer	es of Incorporation/Au ndment ge of Agent	uthorization to Transact Business				
☐ Reinstatement ☐ Conversion						
Merg	er					
Fictiti	olution/Withdrawal					
		25.00				
Signature:	Churucka					

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.

2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) No Change No Change July 18, 2011 3. Date of filing/registration in Florida CT CORPORATION SYSTEM (b) Mailing address of limited liability company: (Note: MAY BE POST OFF) Mailing address of limited liability company: (Note: MAY BE POST OFF) Mailing address of limited liability company: (Note: MAY BE POST OFF) Document number	ity company;
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) No Change No Change No Change July 18, 2011 3. Date of filing/registration in Florida All Document number OT CORRORATION SYSTEM	ity company:
July 18, 2011 3. Date of filing/registration in Florida 4. Document number	
3. Date of filing/registration in Florida 4. Document number CT_COPPORATION_SYSTEM	
OT CORROBATION SYSTEM	<u>.</u>
CT CORPORATION SYSTEM	
5. (a) CT CORPORATION SYSTEM	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
1200 SOUTH PINE ISLAND ROAD	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	1 -2
PLANTATION	M.J. 12
(b) COGENCY GLOBAL INC.	,
Enter name of NEW Registered Agent and/or NEW Registered Office address:	
115 North Calhoun St., Suite 4	· · · · · · · · · · · · · · · · · · ·
NEW Registered Office Address:	9
Tallahassee FL 32301	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirme the change or changes are made, the Florida street address of the registered office and the business office of agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise the articles of organization or the operating agreement of the limited liability company.	f the registered e change(s)
/s/ Alan Sullivan Alan Sullivan	
Signature of a member or authorized representative of a member Printed or typed name of signe	·e
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to coprovisions of all statutes relative to the proper and complete performance of my duties, and I am familiarly the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen to merely reflect a change in the registered office address, I hereby confirm that the limited liability companitified in writing of this change. /s/ Tim Mayville	mply with the with and accept it is being filed my has been

Signature of Registered Agent
Tim Mayville, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00