

(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:

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:	04/04/2022	
Name:_	Merritt Walker	
Reference	ce #: 1636048	
Entity Na	mustang moto	RCYCLE PRODUCTS, LLC
A	rticles of Incorporation/Authorization	on to Transact Business
☐ Ai	mendment	
√ C	hange of Agent	
R	einstatement	
C	onversion	
	erger	
	issolution/Withdrawal	
☐ Fi	ctitious Name	
□ 0	ther	
Authorize	ed Amount: \$25	
Signatur	e: <i>MW</i>	

F: 800.944.6607

F: +852.2682.9790



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

Account#: I20000000088

Date:	04/04/2022	
Name:_	Merritt Walker	
Referen	ce #: 1636048	
Entity Na	ame: MUSTANG MOTOR	CYCLE PRODUCTS, LLC
□ A	rticles of Incorporation/Authorization	o Transact Business
A	mendment	
√ C	hange of Agent	
□R	teinstatement	
_ c	onversion	
M	lerger	
_ D	issolution/Withdrawal	
F	ictitious Name	
	ther	
Authoriz	ed Amount: \$25	
Signatur		

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.

. (a)	No Change (b) No Change				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	2/17/2014		M14000001		
	Date of filing/registration in Florida	4.		Document number	
(a)	CORPORATION SERVICE COMPANY			-	
	Registered Agent and Registered Office shown on the records of 1201 HAYS STREET	f the Flor	ida Dept, of State	e:	
	Registered Office Address (MUST BE FLORIDA STREET			_	
	The state of the s	<u>ADDRE</u>	<u>(SS)</u>	2022/	
		L		2022 April - 1	
(b)				- <u>!</u>	
(b)	TALLAHASSEE, F	L_32301	-2525		
(b)	TALLAHASSEE, F	L_32301	-2525	•••	
(b)	TALLAHASSEE, F COGENCY GLOBAL INC. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	L_32301	-2525		

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

William Brame /s/ William Brame Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Menut Walker, ASSt. Signature of Registered Agent