1119000008693

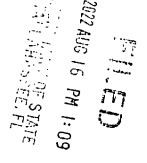
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



900392244659





A. BUTLER AUG 17 2022



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

Account#: I20000000088

Date:	08/16/2022	
Name:	Jennifer Bialowas	
Reference #:	1706697	
Entity Name:	MAJORKEY TE	CHNOLOGIES LLC
☐ Amen	ge of Agent satement	o Transact Business
☐ Fictitic	ution/Withdrawal	
Authorized Al	mount) 25.00	

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

a)	1 Mid America Plaza, 3rd Floor		(b) 1 Mid America Plaza, 3rd Floor			•	
	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS		Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX				
	Oakbrook Terrace, IL 60181		Oa	kbrook Ter	race, IL 60°	181	
	August 26, 2019			M19000	0008693		
	Date of filing/registration in Florida	4.		Docu	ment number		
a)	CORPORATION SERVICE COMPAI	NY					
,	Registered Agent and Registered Office shown on the i	records of the Flor	ida Dept.	. of State:			
	1201 HAYS STREET						
	Registered Office Address (MUST BE FLORIDA)				77 77	2027	
		STREET ADDRE		25	≎EGѱ TALL	2022 AU	Turingan ()
n)	Registered Office Address (MUST BE FLORIDA)			25	FECRELAHA	2022 AUG 16	1 To
າ)	Registered Office Address (MUST BE FLORIDA : TALLAHASSEE	, FL_323	01-252		°ECR±1547 OF S TALLAHASSEE	M4 9	
າ)	TALLAHASSEE COGENCY GLOBAL INC.	, FL_323	01-252		≎ECK± LAK (OF STA TALLAHASSEE, FI	6 PM 1:	
າ)	TALLAHASSEE COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW E	, FL_323	01-252		SECRELAHASSEE, FI	M4 9	

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.

	•	• •
/s/ Paul Luka	Paul Luka	
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.

/s/ Michael Carlisle

Signature of Registered Agent