(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
	J. HORNE			
J. HORNE JUN 3 0 2023				

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: 120000000088

Date:_	06/29/2023	
Name:	Chris Vick	<u> </u>
Refere	nce #: <b>2035415</b>	<u> </u>
Entity I	Name: 5730 CENT	RAL FL PKWY LLC
	Articles of Incorporation/Authorizatio	n to Transact Business
	Amendment	
$\checkmark$	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
Author Signati	ized Amount: \$25.00	

F: 800.944.6607

+44 (0)20.3961.3080



115 N CALHOUN ST., STE. 4 TALLAHASSEE. FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

Date:	06/29/2023	
Name:		<del></del>
Reference #	2035415	
Entity Name	5730 CE	NTRAL FL PKWY LLC
☐ Article	es of Incorporation/Authoriz	ation to Transact Business
Amen	dment	
✓ Change	ge of Agent	
Reins	tatement	
Conve	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
☐ Fictition	ous Name	
Other		<u> </u>
Authorized A	mount \$25.00	<del></del>
Signature:	the fat	

F: 800.944.6607

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

2. (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	N	o Change
	June 6, 2023		M23000007324
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATION SERVICE COMPANY		
. ()	Registered Agent and Registered Office shown on the records of	of the Florida Dep	ot, of State:
	1201 HAYS STREET		
	Registered Office Address	(ADDRESS)	<del></del>
	TALLAHASSEE , F	32301-25	525 ———————————————————————————————————
(b)	COGENCY GLOBAL INC.		TCX 3 CH
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office address	29
	115 North Calhoun St., Suite 4		2023 JUH 29 FINI
	NEW Registered Office Address:		_
	Tallahassee	32301	
	i dilatiassee	1. 32301	
he cha gent v vas/we	imited liability company is not organized under the lange or changes are made, the Florida street address civil be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registere liability compa of the limited	ed office and the business office of the registere any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
/s/ Na	aveen Kakarla	Naveen	Kakarla
	ture of a member or authorized representative of a member		Printed or typed name of signee

/s/ Timothy Mayville Signature of Registered Agent

Timothy Mayville, Assistant Secretary, Assistant Secretary Division of Corporations • P.O. Box 6327 • Tallahassec, FL 32314 FILING FEE: \$25.00