Division of Corporations

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : COGENCY GLOBAL, INC.

Account Number : I20000000088

Phone

: (800)221-0102

Fax Number

: (800)944-6607

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

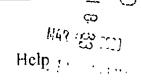
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LLC REGISTERED AGENT CHANGE 169 NORWOOD DRIVE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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Corporate Filing Menu



To:

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.

. Name of the limited liability company:			169 NORWOOD DRIVE, LLC		
	39 Notch Road	_ (b) _			
(a) _	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-,-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Newfoundland, NJ 07435				
	03/25/2019		L19000076667		
	Date of filing/registration in Florida	4.	Document number		
	Katherine Meer				
i. (a)	Registered Agent and Registered Office shown on the records of t	Dept. of State:			
	115 N CALHOUN ST STE 4				
	Registered Office Address (MUST BE FLORIDA STREET)				
	Registered Office Address				
	TALLAHASSEE FL	323	2301		
			2		
(b)	COGENCY GLOBAL INC.				
	Enter name of NEW Registered Agent and/or NEW Registered				
			ශ 		
	115 North Calhoun Street, Suite	4			
	NEW Registered Office Address:				
	Tellaborcoo	32	32301		
	Tallahassee F1		2301		
the cha agent to was/se	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regist ability cor of the limi	ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in		
inc an	/S/ John Bennis		John Bennis		
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee		
I here provis the ob	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete digations of my position as registered agent as provide rely reflect a change in the registered office address, I ged in writing of this change.	e perjorma	Charge 605 F.S. Or if this document is being file		
	/S/ Jacqueline Almeida, Assistant Secretary				
Signat	ure of Registered Agent				