17000020961

	(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



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2023 SEP 19 AM 11: 22

FILED



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

Account#: I20000000088

Date:_	09/19/2023	
Name	Xavian Brown	_
Refere	ence #: 2111557	_
	Name: UNIVERSAL ENGINE	ERING INSPECTIONS, LLC
	Articles of Incorporation/Authorization	to Transact Business
	Amendment	
/	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
	rized Amount: \$25.00	
Signat	ure:	

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

	(b)	
Principal office address of limited liability com (Nate: MUST BE STREET ADDRESS)	ny: Mailing address of limited liability comp (Note: MAY BE POST OFFICE BO.	-
No Change	No Change	-
January 23, 2017	L17000020961	
Date of filing/registration in Florida	4. Document number	
CORPORATION SERVICE COMPA	(
Registered Agent and Registered Office shown on the r	ords of the Florida Dept. of State:	
1201 HAYS ST		
Registered Office Address (MUST BE FLORIDA:	REET ADDRESS)	
	7 205	
TALLAHASSEE	TALLAHASSI	T
COGENCY GLOBAL INC.	SSET SET	
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	istered Office address:	0
115 North Calhoun St., Suite 4	eistered Office address:	_
NEW Registered Office Address:	,	
Tallahassee		
- anarrassee	, FL_ 0200 (
ange or changes are made, the Florida street ac will be identical. Or, in the case of a Florida li	the laws of the State of Florida, it is hereby confirmed that ress of the registered office and the business office of the relited liability company, it is hereby confirmed that the changibers of the limited liability company or as otherwise provided the limited liability company.	egistere ge(s)
Benjamin Butterfield	Benjamin Butterfield	
ature of a member or authorized representative of a memb		

Signature of Registered Agent

/s/ Tim Mayville

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