

(Re	equestor's Name)
(Ad	idress)
(Ad	ddress)
(Cit	ty/State/Zip/Phone #)
	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
	Office Use Only

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TALLAHASSEE, FLORIDA

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

Account#:	12000000088
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Date:	01/08/2019			
Name:	Merritt Walker	-		
Reference #:	~~~~~	_		
Entity Name:	MOHAWK		7,113	
Article	s of Incorporation/Authorization dment	to Transact Business	JAN - 8 P 10: 04	THE D
🗸 Chang	ge of Agent		LORD C	
🗌 Reinst	tatement		7*	
Conve	ersion			
🗌 Merge	r			
🗌 Dissol	ution/Withdrawal			
Fictitic	ous Name			
Other_				<del>_</del>
Authorized A	mount:\$35			

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Signature: \_\_\_\_\_



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

		Account	#: 12000000008	38
Date:01	1/08/2019			
	Merritt Walker			
Reference #:				
Entity Name:	МОН	AWK UNIVERSITY LP		
Articles of	of Incorporation/Author	ization to Transact Business		
Amendr	nent			
🗸 Change	of Agent		1	•
🗌 Reinstate	ement			• • • • • • • • • • • • • • • • • • •
Convers	ion		JAN - 8 P 10: 04 RETARY OF STATUS	
Merger			(12) 8 []그 D	
🗌 Dissoluti	on/Withdrawal			$\bigcirc$
E Fictitious	Name		), L	
Other	L 111 - 201			
Authorized Amo	ount:\$35			

Signature: \_\_\_\_\_

PEUROPEAN HQ COGENCY GLOBAL (UX) LIMITED REGISTERED IN ENGLAND & WALES, REGISTRY +8010712 6 1LOYDS AVE, UNIT 4CL LONDON EC3N 3AX +44 (0)20.3961.3080

## LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of section 620.1115, Florida Statutes, the undersigned limited partnership or limited liability limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1.	MOHAWK UNIV	ER <u>SIT</u>	Y LP	
Nar	ne of Limited Partnership or Limite	d Liability	Limited Par	rtnership
2. Jur	ne 30, 2016	3.	B16	6000000142
Date of filing	/registration in Florida		Florida c	locument number
4. The name of the reg Department of State:	gistered agent and the registered offi	ce address	as shown o	n the records of the Florida
	C T Corporation	n Systen	า	
	Name		- ' -	
	1200 South Pine I	sland Ro	oad	
	Address	<u> </u>		
	Plantation, FL	33324		
	City, State and	d Zip		
5. The name and Flori	ida street address of the new register	red agent a	nd/or office	
	COGENCY GLO	BAL INC	C	
	Name			JAN - 8
	115 North Calhoun	St., Sui	te 4	8 Xilisi
	Florida street address (P.O.	Box not ac	ceptable)	্ৰি চ
	Tallahassee	F	L 3230	01 5금 증
0	City, State an	d Zip		
6. Such change(s) is/a	ue effective when filed by the Florid	la Departm	ent of State	
MAT	Abar	•		
Signature of General P	Pariner			
I have by account the an	/ L V / pointment as registered agent and a	aree to ort	in this care	acity I further agree to
	pointment as registered agent and a sions of all statutes relative to the pr			

and I am familiar with an occept the obligations of my position as registered agent.

Accon Honan, Assistant Secretary

Signature of Registered Agent

Filing Fee:\$35.00Certified Copy (optional):\$52.50