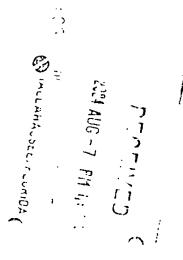
F17000003754

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

Office Use Only



700434194347







0010710004

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

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	<u>08/07/2024</u>	
Name:	Patrice Rush	
Reference #:	2407135	
		COMPANIES, INC.
☐ Articles	s of Incorporation/Authorizatio	on to Transact Business
☐ Amend	dment	
Chang	e of Agent	
Reinst	atement	
☐ Conve	rsion	
☐ Merge	r	
Dissolu	ution/Withdrawal	
Fictitio	us Name	
Other_	. <u>.</u> .	
Authorized Ar	mount: \$25.00	
Signature:	() refer	

F: +852.2682.9790

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of chan	ge is submitted for a c	507.0502, 617.0502, 607.1508, or 617.1508, i corporation organized under the laws of the S ed office or registered agent, or both, in the S	State of Delaware		
	e corporation:		·		
		No Change			
3. The mailing address (if different):		No Change			
4. Date of incorporation/qualification:		8/17/2017 Document number:	F17000003754		
	street address of the connent of State: (If resign	urrent registered agent and registered office ogned, enter resigned)	n file with the		
	ı	OBOS KENNEDY POINT, LLC			
4749 S Washington Ave					
	Titusville, FL 32780				
6. The name and so (if changed):	street address of the n	ew registered agent (if changed) and /or regis	ા stered office		
_		Cogency Global Inc.			
	115 North Calhoun Street, Suite 4				
-		P.O. Box NOT acceptable	•		
_		Tallahassee, Florida 32301			
The street addres as changed will b	s of its registered off e identical.	ice and the street address of the business of	fice of its registered agent,		
Such change was authorized by the	authorized by resolution board, or the corpor	ation duly adopted by its board of directors cation has been notified in writing of the cha	or by an officer so inge.		
/s/ Seth	Oliver	Seth Oliver, O	CEO		
Signature	of an officer or director	Printed or typed r	name and title		
I further agree to of my duties, and document is bein	he appointment as re comply with the pro I am familiar with a g filed merely to refl been notified in writi	gistered agent and agree to act in this capa visions of all statutes relative to the proper nd accept the obligation of my position as r ect a change in the registered office address ng of this change.	city. and complete performance egistered agent. Or, if this , I hereby confirm that the		
/s/ Michael Carlisle		June 2	0, 2024		
Signa	sture of Registered Agent	Date			
If signing on beh	alf of an entity:				
Michael Ca	rrlisle, Assistant Secr	retary			
Тур	ed or Printed Name				
	,	* * * FILING FEE: \$35.00 * * *			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)