F20000003400

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
: Copies Certificates of Status
al Instructions to Filing Officer:
Office Use Only



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RA & RO Change

2023 JAN IT AHIO: 18

ECRETARY OF STAT

RECEIVED

A. RAMSEY JAN 1 9 2023



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

Account#: 120000000088

Date:(01/17/2023	
Name:	Merritt Walker	
	1884106	
Entity Name:	LKL PROTE	CTION (FL) INC.
Articles	s of Incorporation/Authorization t	o Transact Business
Amend	Iment	
✓ Chang	e of Agent	
Reinsta	atement	
Conve	rsion	
☐ Merger		
☐ Dissolu	ution/Withdrawal	
☐ Fictition	us Name	
Other_		
Authorized An	nount: \$35	
Signature:	mw	

F: +852.2682.9790

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

statement of cha	provisions of sections 60 inge is submitted for a co or to change its registered	prporation organized	l under the lav	vs of the State	of Delaware		
-	the corporation:						
			5407 Trillium Blvd STE B120				
Hoffman Estates			IL		60192		
3. The mailing a	address (if different):			==			
4. Date of incor	poration/qualification:	08/04/2020	_ Document r	number:	F20000003400		
	d street address of the cur rtment of State: (If resign		t and registere	d office on fi	le with the		
	CT (CORPORATION	SYSTEM				
	1200 S PINE ISLAND RD						
	PLANTATION	FL		33324			
6. The name and (if changed):	d street address of the new	w registered agent (i		l /or registere	•		
	115 N	orth Calhoun St	reet Suite A	Į			
		North Calhoun Street, Suite 4 P O Box NOT acceptable					
	Tallaha	ssee	Florida	32301			
_	ess of its registered offic be identical. as authorized by resoluti- ne board, or the corporat						
/s/ Luke Vale	entino		Luke Vale	entino	Secretary		
-	te of an officer or director the appointment as regi to comply with the provi my duties, and I am fam is document is being file that the corporation has	stered agent and ag sions of all statutes iliar with and acce d merely to reflect been notified in w		for typed name a his capacity: proper and on of my pos e registered hange.			
/s/ Timothy Mayville			1/17/2023				
Signature of Registered Agent				Date			
If signing on be	half of an entity:						
COGENCY G	SLOBAL INC.						
T	yped or Printed Name						

Make Checks Payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)

* * * FILING FEE: \$35.00 * * *