F24000000387

(Requestor's Name)	
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entry Wante)	
(Document Number)	
Certified Copies Certificates of Status	_
<u>-</u>	
Special Instructions to Filing Officer	
. <u>.</u>	
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TILED

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT N	IO. : I2000000195					
REFEREN	ICE : 487760 7615650					
AUTHORIZATI	ON:					
COST LIM	MIT : \$ 35.00					
ORDER DATE : June 5, 2024						
ORDER TIME : 4:24 PM						
ORDER NO. : 487760-009						
CUSTOMER NO: 7615650						
	**					
CHANGE OF AGENT						
NAME: PROPELLER,	INC.					
PLEASE RETURN THE FOLLOWING	AS PROOF OF FILING:					
CERTIFIED COPY XX PLAIN STAMPED COPY						
CONTACT PERSON: Amanda Mil	ler					
	EXAMINER'S INITIALS:					

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

1. The name of	the corporation: PROPELLER, INC.	T STE 110 HOUSTON TY 7700		
2. The <u>principa</u>	I office_address: 2339 COMMERCE S	1., 372. 110110031010, 12 7700		
	address (if different):			
4. Date of incor	poration/qualification: 01/24/2024	Document number: F2400000387		
	d street address of the current registere artment of State: (If resigned, enter resi		e with the	
· · · 	COGENCY GLOBAL INC.			
	115 N. CALHOUN ST., STE. 4		-1 22	
	TALLAHASSEE	FL 32301	174 JI	
6. The name an (if changed):	d street address of the new registered a	agent (if changed) and /or registered	L-4.3 L-4.	
	Corporation Service Company		E. FLORID	
	1201 Hays Street		: 45	
		Box NOT acceptable	— >	
	Tallahassee	FL 32301	_	
The street addr	ess of its registered office and the stre l be identical.	eet address of the business office o	of its registered agent,	
	as authorized by resolution duly ador he board, or the corporation has been			
	•	nounce in writing of the change.		
		Melissa Gilligan	Asst. Secretary	
Such change wauthorized by to authorized by to /s/ Melissa Signate I hereby accept I further agree of my duties, and accument is be corporation has	a Gilligan It the appointment as registered agent to comply with the provisions of all s not I am familiar with and accept the c ing filed merely to reflect a change in s been notified in writing of this chan	Melissa Gilligan Printed or typed name as and agree to act in this capacity. It tatutes relative to the proper and cobligation of my position as register the registered office address. The	nd title	
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* * * 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)