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

Account#: 120000000088

Date: 01/23/2019	
Name: Merritt Walker	
Reference #:1006159	
Entity Name: RFP JENSEN E	EACH, LLC
Articles of Incorporation/Authorization to Tra	insact Business
Amendment	
✓ Change of Agent	
Reinstatement	
Conversion	
☐ Merger	
☐ Dissolution/Withdrawal	
Fictitious Name	
Other	
Authorized Amount: \$25	
Signature: WW	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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.

1. Name of the limited liability company: RFP JENSE	N BEACH, LLC	
2. (a) Principal office address of limited liability company (<i>Note: MUST BE STREET ADDRESS</i>)		6 4
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		3
August 29, 2001	L01000014739	8
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on	the records of the Florida	Dept. of State:
Registered Agent:	BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.	
Registered Office Address:	155 OFFICE PLAZA DRIVE, 1ST FLOOR	
	TALLAHASSEE, FL 3230)1
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEV NEW Registered Agent</u> : <u>NEW Registered Office Address:</u>	COGENCY GLOBAL INC. 115 North Calhoun St., Suite 4	
(MUST BE FLORIDA STREET ADDRESS)	TTO TTOTAL COMMONT OF	
	Tallahassee	,FL_32301
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.	lorida street address of thical. Or, in the case of a	e registered office Florida limited an affirmative vote of
/s/ Lawrence Rael	_	
Signature of a member or authorized representative of a member		
Lawrence Rael	_	
Printed or typed name of signee		
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the proud I am familiar with and accept the obligations of my po Chapter 605, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	gree to act in this capaci Sper and complete perfor sition as registered agen rely reflect a change in to y has been notified in wri	ty. I further agree to mance of my duties, t as provided for in he registered office iting of this change.
/s/ Tim Mayville		

Signature of Registered Agent Tim Mayville, Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00