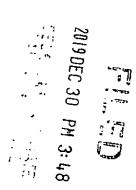
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Account#: 120000000088

Date:	12/30/2019		
	Merritt Wall	er	
Reference	#:11669	79	
	ne: <b>THE</b>		FIREHOUSE LLC
☐ Arti	cles of Incorporation/A	uthorization to	Transact Business
Am	endment		
✓ Cha	ange of Agent		
☐ Rei	nstatement		
☐ Cor	nversion		
☐ Mer	ger		
☐ Dis	solution/Withdrawal		
☐ Fict	itious Name		
☐ Oth	er		
Authorized	Amount:	\$25	<u> </u>
Signature:	. 1	(4)	

+44 (0)20.3961.3080



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Account#: I20000000088

Date:	12/30/2019	
	Merritt Walker	
Reference	#:1166979	
	e: THE QUEEN'S	FIREHOUSE LLC
	les of Incorporation/Authorization	
☐ Ame	ndment	
	nge of Agent	
☐ Rein	statement	
Con	version	
☐ Merç	ger	
Diss	olution/Withdrawal	
☐ Fictit	ious Name	
Othe	et	
Authorized	Amount: <b>\$25</b>	
Signature:	· · · · · · · · · · · · · · · ·	

F: 800.944.6607

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

Pursuant to the provisions of sections 605.0114 or 605.0116. 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.

` ′	Principal office address of limited liability company	(b)	Mailing address of limited liability company:
	( <u>Note: MUST BE STREET ADDRESS</u> )		( <u>Note: MAY BE POST OFFICE BOX)</u>
	No Change	No.	o Change
	November 15, 2001		L01000019710
	Date of filing/registration in Florida	4.	Document number
(a)	CHRIS R SORENSEN		
(,	Registered Agent and Registered Office shown on the recor	ds of the Florida Dep	ot, of State:
	12735 GRAN BAY PARKWAY, SUITE 1	50	
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS)	
	JACKSONVILLE	, FL_32258	-1
(b)	COGENCY GLOBAL INC.		2019
1 1 7 7		. 1000 11	
(0)	Enter name of NEW Registered Agent and/or NEW Regis	tered Office address	·
(17)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent </u>	tered Office address	C 30
(0)		tered Office address	
(0)	115 North Calhoun St., Suite 4		Ý

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Printed or typed name of signee

Signature of a member or authorized representative of a member

Signature of Registered Agent Tim Mayville, Assistant Secretary

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