L04000089357

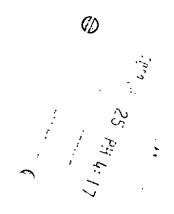
	(Requestor's Name)
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PICK-UP	WAIT MAIL
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Account#: 120000000088

Date:	07/25/2023	
Name	Chris Vick	
Refere	ence #:	
Entity	Name: CORRIDOR I	MATERIALS LLC
	Articles of Incorporation/Authorization to	o Transact Business
□ ✓	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
Autho	ture:	

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.

1. N	ame of the limited liability company:CORI	RIDOR M	MATERIALS LLC	
2. (a)		(b)		
2. (4)	Principal office address of limited hability compan (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	No Change		No Change	_
	December 10, 2004		L04000089357	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	CORPDIRECT AGENTS, INC			
J. (4)	Registered Agent and Registered Office shown on the reco	rds of the Florida D	Dept. of State:	
	1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)	!	
	Miami	_, _{FL_} 33324	2023 TĂL	
(b)	COGENCY GLOBAL INC.		2023 JUL 25 AF TALLAHASSEE.	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	stered Office addre	ress: SSE 25	
	115 North Calhoun St., Suite 4	_		
	NEW Registered Office Address:		LORIDA LORIDA	
	Tallahassee	_{FL_} 32301		
the cha agent was/w the art	limited liability company is not organized under the ange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membicles of organization or the operating agreement coshua Wernig	ess of the registe ted liability com bers of the limite of the limited lia	tered office and the business office of the registe mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in	red
	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to mer	by accept the appointment as registered agent an ions of all statutes relative to the proper and com ligations of my position as registered agent as pri ely reflect a change in the registered office addre d in writing of this change.	d agree to act in pleie performan ovided for in Ch sss, I hereby con	in this capacity. I further agree to comply with t ince of my duties, and I am familiar with and act hapter 605, F.S. Or, if this document is being fi infirm that the limited liability company has beer	he ept led l

/s/ Michael Carlisle

Signature of Registered Agent

Michael Carlisle, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00