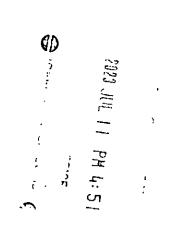
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(Requestor's Name)
	Address)
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(,	Address)
(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	_
(Business Entity Name)
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(Document Number)
Certified Copies	Certificates of Status
Special Instructions to f	filing Officer:
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Account#: I20000000088

Date:	07/11/2023	
Name:		
Reference	#: 2057668	
Entity Nam	ne: ENVIROFOCUS	TECHNOLOGIES, LLC
☐ Arti	cles of Incorporation/Authorizatio	n to Transact Business
Am	endment	
✓ Cha	ange of Agent	
☐ Rei	nstatement	
☐ Cor	nversion	
☐ Mei	rger	
Dis:	solution/Withdrawal	
☐ Fict	titious Name	
Oth	ner	
Authorized	d Amount: \$25.00	



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Account#: 120000000088

Date:	07/11/2023	
Name:_	Chris Vick	
Referen	ice #: 2057668	
Entity N	ame: ENVIROFOCUS 1	ECHNOLOGIES, LLC
_	Articles of Incorporation/Authorization	o Transact Business
V	Change of Agent	
F	Reinstatement	
	Conversion	
□ v	Merger	
	Dissolution/Withdrawal	
F	ictitious Name	
	Other	
Authoriz Signatu	zed Amount: \$25.00 re:	

F: +852.2682.9790

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.

·	of limited liability company: <u>STREET ADDRESS</u>)	(11	Mailing address of limited liability compa (Note: MAY BE POST OFFICE BOX	
No Change		_	No Change	
April 12, 2006		 -	L06000039133	
Date of filing/regi	stration in Florida	4.	Document number	
(a) Registered Agent and Registered	Office shown on the records o	f the Florida	a Dept. of State:	
6505 JEWEL AVENU				37
Registered Office Address (A	IUST BE FLORIDA STREET	ADDRESS		500
			آ رئي	
TAMPA	, F	_{l.} _33619	<u> </u>	λ. Υ
(b) COGENCY GLOBAL			· '•.	MAN AMILE
Enter name of NEW Registered	Agent and/or NEW Registere	d Office add	ldress:	.> .>
115 North Calhoun St	t., Suite 4			
NEW Registered Office Addres	8:			
Tallahassee	, F	32301		
e change or changes are made, the ent will be identical. Or, in the	ne Florida street address c case of a Florida limited itive vote of the members	of the regis liability co of the lim	e State of Florida, it is hereby confirmed that a istered office and the business office of the re- ompany, it is hereby confirmed that the chang nited liability company or as otherwise provid liability company.	giste te(s)

Signature of a member or authorized representative of a member

Printed or typed name of signee

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.

/S/ TIMOTHY MAYVILLE

Signature of Registered Agent

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