L08000117549

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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DEC 11 2019

M. SOLOMON



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

Account#: 120000000088

Date:	12/10/2019	
	Merritt Walker	
Reference i	#:1155892	
	e: CALLAHAN REALT	Y & INVESTMENTS, LLC
Artic	les of Incorporation/Authorization	o Transact Business
☐ Ame	ndment	
Char	nge of Agent	
☐ Rein	statement	
Conv	version	
☐ Merg	ger	
☐ Disse	olution/Withdrawal	
☐ Fictit	ious Name	
Othe	er	<u> </u>
Authorized ,	Amount: \$25	
Signature:	лт	

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.

l. N	ame of the limited liability company:CALLAHAN	REALTY &	INVESTMENTS, LLC			
2. (a)		(b)				
- · · · · ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	No Change		Change			
	December 29, 2008		L08000117549			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	CT Corporation System					
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept	, of State:			
	1200 South Pine Island Road					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	 			
	CT CORPORATION SYSTEM			Ç.	2014	
	Plantation FI	33324	 :			
(b)	COGENCY GLOBAL INC.		• • • • • • • • • • • • • • • • • • •	e () =		:
	Enter name of NEW Registered Agent and/or NEW Registered	l Office address:			<u>~</u>	i
	115 North Calhoun St., Suite 4		-	0 0 E	6M io: o	
	NEW Registered Office Address:			C	n	
	Tallahassee	,32301				
	Talianassee , FI	·				
the cha agent v was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited higher authorized by an affirmative vote of the members of icles of organization or the operating agreement of the /S/ James H. Castle	f the registered lability compa of the limited	d office and the business office of ny, it is hereby confirmed that the liability company or as otherwise	f the reg e change	gister c(s)	
Signa	nure of a member or authorized representative of a member		Printed or typed name of signee			
provis. the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change.	ree to act in the performance of for in Chapt hereby confiri	nis canacity. I further agree to co	annle ve	ith th acce g file been	ie ppt rd
	im Mayville					
Signatu	ire of Registered Agent					

Tim Mayville, Assistant Secretary

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

INHS18 (2/14)