L09000076646

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Account#: 120000000088 If there are any issues please contact Cheyanne at 850-202-1882

Date:	12/20/2024					
Name:	Cheyanne Davis					
Reference #	2597601					
	41A LAKES	IDE LANE, LLC				
	es of Incorporation/Authorization					
☐ Amer	ndment					
✓ Chan	nge of Agent					
Reins	statement					
Conv	version					
☐ Merg	er					
☐ Dissolution/Withdrawal						
☐ Fictiti	ious Name					
Othe	r					
Authorized A	Amount: \$25	<u></u>				
Signature:	Onyme Paine					

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.

1. N	ame of the limited liability company: 41A LAK	ESIDE	LANE, L	rc	
2. (a)	4520 EAST WEST HWY, STE 200	(1	(b) 4520 EAST WEST HWY, STE 200		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	BETHESDA MD 20814	_	BET	HESDA MD 20814	
	8/10/2009	- -		L0900076646	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	LYNN, SANDRA T				
	Registered Agent and Registered Office shown on the records of t	the Florid	a Dept. of S	tate	
	Registered Office Address (MUST BE FLORIDA STREET A	1DDR <u>ES</u> .	<u>S2</u>	~ 9	
				724	
	KEY LARGO , FL	3300	37	FILED 2024 DEC 26 PH 4: 08 TALLAMASSEE. FLORIDA	
				JEC 26 PH AINASSEE, F	
(b)	Соделсу Global Inc.				
	Enter name of NEW Registered Agent and/or NEW Registered Office address				
	145 North Calbarra Chanat Crite			DRI O	
	115 North Calhoun Street, Suite 4 NEW Registered Office Address:				
				_	
	Tallahassee, FI_	3	32301		
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi ability co of the lin	stered off ompany, i nited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in	
/s/ Eleanor Wells				Eleanor Wells	
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to men notifie	eby accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided when reflect a change in the registered office address, I had in writing of this change.	perform I för in s	ance of m Chapter 6	ly duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed	
	s/ Tim Mayville, Assistant Secretary ure of Registered Agent				
aignati	are of regimered regent				