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(Ře	equestor's	Name)	
(Ac	ddress)		
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(Ci	ty/State/Z	ip/Phone	#)
PICK-UP	□ ~	VAIT	MAIL
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

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

Date:	01/07/2025	
	Cheyanne Davis	_
Reference #:	2593530	
		IT PROPERTIES ONE, LLC
Article	s of Incorporation/Authorization	n to Transact Business
Amend	dment	
✓ Chang	e of Agent	
☐ Reinst	atement	
Conve	rsion	
☐ Merge	r	
☐ Dissol	ution/Withdrawal	
☐ Fictitio	us Name	
Other_		
Authorized Ai	mount: <b>\$25.00</b>	
Signature:	Oryma Paire	

## 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.

2. (a)		_ (b	)			
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_			Mailing address	s of limited liability company:  Y BE POST OFFICE BOX
	No Change	_	No	Cha	nge	
	November 12, 2009	_		L	_090001091	118
3.	Date of filing/registration in Florida	4.			Document r	number
5. (a)	CAPITOL CORPORATE SERVICES, INC.					
(u)	Registered Agent and Registered Office shown on the records of th	e Florida	Dept	t. of Stat	e:	
	515 EAST PARK AVENUE 2ND FLOOR					
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS	2		_	2025 FALL
	TALLAHASSEE, FL_	32301	_		_	TILLET PHENT ALLAHASSEE.
(b)	COGENCY GLOBAL INC.				_	7 PH 3: 21
	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	<u>lress</u>	:		FLOOR
	115 North Calhoun St., Suite 4				_	. 21 DRIGA
	NEW Registered Office Address:					
	Tallahassee FL	32301			_	
the cha agent w was/we the arti	mited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cless of organization or the operating agreement of the liability with the liability with the liability and the member of authorized representative of a member by accept the appointment as registered agent and agree	he regis bility co the lim imited l  M.	itere inpa ited iabil Eliz	d officing, it is liability contains abeth	e and the busis hereby conty company on pany.  Moore  Printed or type operity. I farth	siness office of the registere of firmed that the change(s) or as otherwise provided in ped name of signee
provision the obli to mere	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I he is in writing of this change.	performa for in C ereby co	ance Thap onfir	of my oter 60: m that	auties, and l 5. F.S. Or, if the limited l	i am jamitiar with and acce of this document is being filed liability company has been

Timothy Mayville, Assistant Secretary

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00

Signature of Registered Agent