

# L10000100518

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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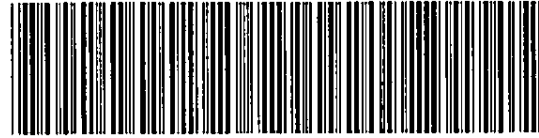
(Business Entity Name)

(Document Number)

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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: 12/20/2024

Name: Cheyenne Davis

Reference #: 2597601

Entity Name: 1330 WILFRED DRIVE, LLC

- ☐ Articles of Incorporation/Authorization to Transact Business
- ☐ Amendment
- ☒ Change of Agent
- ☐ Reinstatement
- ☐ Conversion
- ☐ Merger
- ☐ Dissolution/Withdrawal
- ☐ Fictitious Name
- ☐ Other \_\_\_\_\_

Authorized Amount: \$25

Signature: *Cheyenne Davis*

**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. Name of the limited liability company: <u>1330 WILFRED DRIVE, LLC</u>	
2. (a) <u>4520 EAST WEST HWY, STE 200</u> Principal office address of limited liability company: <i>(Note: MUST BE STREET ADDRESS)</i> <u>BETHESDA MD 20814</u>	(b) <u>4520 EAST WEST HWY, STE 200</u> Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i> <u>BETHESDA MD 20814</u>
<u>9/27/2010</u>	<u>L10000100518</u>
3. Date of filing/registration in Florida	4. Document number
5. (a) <u>LYNN, SANDRA T</u> Registered Agent and Registered Office shown on the records of the Florida Dept. of State: <u>7 BARRACUDA LN</u> Registered Office Address <i>(MUST BE FLORIDA STREET ADDRESS)</i>  <u>KEY LARGO</u> , FL <u>33037</u>	
(b) <u>Cogency Global Inc.</u> Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :  <u>115 North Calhoun Street, Suite 4</u> <u>NEW Registered Office Address</u> :  <u>Tallahassee</u> , FL <u>32301</u>	

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Eleanor Wells

Signature of a member or authorized representative of a member

Eleanor Wells

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/ Tim Mayville, Assistant Secretary

Signature of Registered Agent