L12000074210

(Requesta	or's Name)
(Address)	
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(Čity/Stat	e/Zip/Phone #)
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Docume)	nt Number)
Certified Copies	Certificates of Status
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IIS N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	07/25/2023	
Name:	Chris Vick	-
Reference #:	2050123	_
	MIDDLESE	X PAVING LLC
	es of Incorporation/Authorization	
Amen	dment	
Change Ch	ge of Agent	
Reins	tatement	
☐ Conve	ersion	
☐ Merge	er	
Dissol	lution/Withdrawal	
☐ Fictitio	ous Name	
Other		
Authorized A Signature:	mount: \$25.00	

F: 800.944.6607

• 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.

	 R.A.I.I		·	AUNIO LLO	_		
I. Na	me of the limited liability company:IVII	DDLESE	XPP	VING LLC	<u> </u>	-	
2. (a)			(h)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)			
	No Change		No	Change			
	June 4, 2012			L1200007	/4210		
3.	Date of filing/registration in Florida	a 4	. –	Docume	nt number		
5. (a)	NRAI Services, Inc.						
,	Registered Agent and Registered Office shown on the	records of the FI	orida Dep	t, of State:			
	1200 South Pine Island Road						
	Registered Office Address (MUST BE FLORIDA	STREET ADDI	RESS)		2023 555 1ALL		
	Plantation	, FL_33	324		2023 JUL 25 Secré (AR) TALLAHASS	<u> </u>	
(b)	COGENCY GLOBAL INC.				SEE - F	[i]	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	NEW Registered Office address:		.			
	115 North Calhoun St., Suite 4				JUL 25 AM IO: 57 REIGRY OF STATE AHASSEE, FLORIDA		
	NEW Registered Office Address:						
	Tallahassee	. FL 320	301				
the cha agent v was/we	imited liability company is not organized und inge or changes are made, the Florida street a will be identical. Or, in the case of a Florida are authorized by an affirmative vote of the n cles of organization or the operating agreements	der the laws of address of the limited liability nembers of the	the Stategistere	d office and the my, it is hereby o liability compan	business office of the confirmed that the ch	: registered ange(s)	
/s/ Jo	s/ Joshua Wernig		oshua	Wernig			
-	ture of a member or authorized representative of a men				typed name of signee		
provisi the obl to mere	by accept the appointment as registered ager ons of all statutes relative to the proper and igations of my position as registered agent a Ay reflect a change in the registered office a I in writing of this change.	complete pert	ormanci	of my duties, an	id Lam familiar with	and accent	

/s/ Michael Carlisle

Signature of Registered Agent Michael Carlisle, Assistant Secretary

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