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		<u>-</u>
(City	y/State/Zip/Phone	e #)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificate	e of Status
Certified Copies	_ Certificate:	S Of Otalus
Special Instructions to	Filing Officer:	
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Office Use Only



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

Account#: I20000000088

Date:	10/29/2021			
Name:	Eric Ma	rcano	_	
		99070		
Entity Nam	e: VO	XTUR SETTLE	EMENT SERVICI	ES, LLC
☐ Artic	cles of Incorporat	tion/Authorization	to Transact Busine	ss
☐ Ame	endment			
✓ Cha	inge of Agent			
☐ Reir	nstatement			
☐ Con	version			
☐ Mer	ger			
☐ Dissolution/Withdrawal				
Fictitious Name				
Oth	er			
Authorized	Amount:	\$25.00		
Signature: Eric Marcano				

F: 800.944.6607



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Account#: I20000000088

Date:_	10/29/2021				
	Eric Marcano	-			
	nce #: 1499070	_			
Entity	Name: VOXTUR SETTLE	MENT SERVICES, LLC			
	Articles of Incorporation/Authorization	to Transact Business			
☐ Amendment✓ Change of Agent					
	☐ Reinstatement ☐ Conversion				
	☐ Merger				
☐ Dissolution/Withdrawal					
Fictitious Name					
	Other				
	ized Amount: \$25.00				

COGENCY GLOBAL (HK) HMITED

UNIT B, I/F, LIPPO LEIGHTON TOWER

A HONG KONG LIMITED COMPARIS

ASIA PACIFIC HQ

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

I. Na	me of the limited liability company: VOXTUR	SETTLEN	MENT SERVICES, LLC
2. (a)	5404 Cypress Center Drive Suite 150	(b)	5404 Cypress Center Drive Suite 150
(<i>)</i> .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OF FICE BOX)
	Tampa FL 33609		Tampa FL 33609
	May 21, 2013	··-	L13000074023
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	JAMES E. ALBERTELLI, P.A.		
	Registered Agent and Registered Office shown on the records	of the Florida D	ept. of State:
	5404 CYPRESS CENTER DRIVE		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	SUITE 300		
	TAMPA , 1	_{L_} 33609	
(b)	COGENCY GLOBAL INC.		POZIOCI FARFIA
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office addr	29
			• •
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	- _L 32301	
	imited liability company is not organized under the nge or changes are made, the Florida street address	laws of the S	
agent w	rige of changes are made, the Florida street address will be identical. Or, in the case of a Florida limited at the authorized by an affirmative vote of the member cles of organization or the operating agreement of the operating agreemen	liability con s of the limit	pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	y Mestayer		y Mestayer
	oure of a member or authorized representative of a member		Printed or typed name of signee
provisie the obli to mere	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provi- ely reflect a change in the registered office address. I in writing of this change.	igree to act i de performat ded for in Cl I hereby coi	o this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
	m Mayville		
Signatur	re of Registered Agent Tim Mayville, Assistant Se	cretary	
	Division of Corporations ◆ P.C	•	Tallahassee, FL 32314

FILING FEE: \$25.00