L14600153222

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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SECURE THE STATE

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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:	01/26/2023						
Name:	Janelle Davis						
	#:1889423	<u>_</u> _					
	e:TRANSLA	ND HOLDINGS, LLC					
☐ Artic ☐ Ame ☑ Cha ☐ Reir	cles of Incorporation/Authorizati endment inge of Agent instatement						
☐ Con	version						
☐ Diss	☐ Dissolution/Withdrawal ☐ Fictitious Name						
Othe	er						
Authorized Signature:	Amount: \$25.00 Janslle Davis						

F: 800.944.6607



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

Account#: I20000000088

Name:Janelle Davis
Reference #:
Entity Name: TRANSLAND HOLDINGS, LLC
 ☐ Articles of Incorporation/Authorization to Transact Business ☐ Amendment
✓ Change of Agent
Reinstatement
☐ Conversion
Merger
☐ Dissolution/Withdrawal
Fictitious Name
Other
Authorized Amount: \$25.00 Signature:

F: 800.944.6607

F: +B52.2682.9790

COVER LETTER

TO:	Registration Section Division of Corporations							
· · · · · · · · · · · · · · · · · · ·			ransland Holdings, LLC					
	IN:	ame of Li	imited E	iability Co	трапу			
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered O	office Cha	ange and	fee(s) are	submitted for filing.			
Please	return all correspondence concerning	this matte	er to the	following	:			
	Kathryn Christener							
	Name of Person							
	Cogency Global, Inc.							
	Firm/Company	,_						
<u> </u>	212 S. Tryon Street, STE.	1000						
	Address		-	_				
	Charlotte, NC 28281							
	City/State and Zip Code			_				
-	kchristener@cogencygloba	l.com		_				
E-	-mail address: (to be used for future ar	inual repo	ort notifi	cation)				
For fur	ther information concerning this matte	r, please	call:					
	Kathryn Christener	at (518)	213-0849			
	Name of Person	_ ,	-	Area Co	de & Daytime Telephone Number			
	STREET/COURIER ADDRESS:		MA	AILING A	.DDRESS:			
Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327								
2661 Executive Center Circle			P.O. Box 6327 Tallahassee, Florida 32314					
	Tallahassee, Florida 32301		1 31	ianassee, i	-10rida 32314			
Enclosed is a check for the following amount:								
	☑ \$25 Filing Fee		□ \$5	5 Filing Fo	ee & Certified Copy			
INHS18	(2/14)							

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability consubmits the following statement in order to change its registered office or registered agent, or both, in the Stationida.

1.	. Name of the limited liability company:			Transland Holdings, LLC			
2.	(a)		(b)	1529 Huron Trl			
	·,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)			
				Plano, TX 75075			
		-	 				
		10/01/2014		L14000153222			
3.		Date of filing/registration in Florida	4.	Document number			
5.	(a)	BROMLEY, JOE C Registered Agent and Registered Office shown on the records of					
	` '	Registered Agent and Registered Office shown on the records of	of State:				
		2947 WAGON COURT					
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)				
		ST CLOUD , FI	34772	2023 JAP			
		, , ,	·				
	(b)	COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Registered		~			
		Enter name of NEW Registered Agent and/or NEW Registered	Office address:				
		115 North Calbour Street Sui	to 1				
		115 North Calhoun Street, Sui	<u> 10 4 </u>				
				ri 0			
		Tallahassee , FL	32301				
the age was the S I h prothe to r	cha ent v s/we arti ignati ignati oblinere	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the hure of a member of all statutes relative to the proper and complete igations of my position as registered agent as provide all reflect a change in the registered office address. I defin writing of this change.	f the registered ability compan of the limited li limited liability	office and the business office of the registery, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. Company Printed or typed name of signee			
Sig		re of Registered Agent					