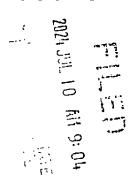
## 45000101545

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Sta	atus			
Special Instructions to Filing Officer:				

Office Use Only



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## 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.

(a)		(b)	)	
` ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	_	No C	Change
	June 10, 2015			L15000101548
	Date of filing/registration in Florida	4.		Document number
(a)	Viola, Mike			
()	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of	f State:
	100 N. Cherry Street, #520			
	Registered Office Address (MUST BE FLORIDA STREET.	4DDRESS	<u> </u>	<del></del>
				. 21
	Winston-Salem , FL	27101		2024 JUL 10
(b)	COGENCY GLOBAL INC.			
, ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	lress:	
	115 North Calhoun St., Suite 4			
	NEW Registered Office Address:			fi, →
	Tallahassee FI	32301		
e cha gent v as/we	imited liability company is not organized under the lawinge 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 cles of organization or the operating agreement of the	vs of the the regisability co	tered o mpany ited lia	office and the business office of the register it is hereby confirmed that the change(s) ability company or as otherwise provided in
	ike Viola		Viola	• •
Signal	ture of a member or authorized representative of a member			Printed or typed name of signee
herei ovisi ? obl	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide tly reflect a change in the registered office address, I	ree to act performa d for in C	in this mee of hapter	capacity. I further agree to comply with the f my duties, and I am familiar with and acce of 605, F.S. Or, if this document is being file

Timothy Mayville, Assistant Secretary

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

INHS18 (2/14)

Signature of Registered Agent



07/00/0004

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

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	07/09/2024			
Name:	Patrice Rush			
Reference #	2411467	<del></del>		
	ity Name: CONGRUITY HR II LLC			
Article	es of Incorporation/Authorization	on to Transact Business		
☐ Amer	ndment			
✓ Chan	ge of Agent			
Reins	statement			
☐ Conv	rersion			
☐ Merg	er			
Disso	olution/Withdrawal			
☐ Fictiti	ious Name			
Other	г			
Authorized A	Amount: \$25.00			