L15000159415

(Re	equestor's Name)			
(Address)				
(Address)				
(//0	uress)			
(Cit	ty/State/Zip/Phone #	<i>‡</i>)		
PICK-UP	WAIT	MAIL		
(Ru	rsiness Entity Name			
(50	isiness Littly Name	7)		
(Do	ocument Number)			
Certified Copies	_ Certificates o	of Status		
Special Instructions to Filing Officer:				
]		





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115 N CALHOUN ST., STE. 4 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:	10/07/2025						
	Delijah Showers						
	2926413						
		FLEX PLUS, LLC					
	es of Incorporation/Authoriza						
☐ Amer	ndment						
✓ Change of Agent							
Reinstatement							
☐ Conversion							
Merger							
☐ Dissolution/Withdrawal							
Fictitious Name							
Other	·						
Authorized A	Amount: \$25	 _					
Signature: 7	Delirah Showers						

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

Name of the limited liability company:		FLEX PLUS, LLC			
		no change Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			no change Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.		9/18/2015 Date of filing/registration in Florida	- - 4.		L15000159415 Document number
5. (a)	STARLING N. HENDRIKS, ESQ. Registered Agent and Registered Office shown on the records of the	a Florid	Dont of Sta	
(b) .	Registered Office Address (MUST BE FLORIDA STREET ADdress 4001 TAMIAMI TRAIL NORTH, SUITE Naples FL_ Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered County 115 North Calhoun Street, Suite 4	105 3 Office ad	4103	2025 OCT -7 AM 9: 23 SECREPHAY OF BINES
		NEW Registered Office Address:	•		_
the dager	:hai it w	Tallahassee, FL_ mited liability company is not organized under the laws nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited liab	s of the he regin	stered offic ompany, it	te and the business office of the registered is hereby confirmed that the change(s)
		re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li			mpany.
		/s/ Starling N. Hendriks, Esq.			Starling N. Hendriks, Esq.
I he prov the o	reb isio bli ere	we are memoer or authorized representative of a memoer on accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had I'm writing of this change.	e to act erform for in C ereby c	in this cap ance of my Chapter 60 onfirm that	Printed or typed name of signee pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

/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