U5000 119201

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PICK-UP	WAIT MAIL				
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CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195
REFERENCE : 135478 8346753
REFERENCE: 135478 8346753 AUTHORIZATION:
COST LIMIT : \$ 25.00
ORDER DATE : November 16, 2023
ORDER TIME : 10:30 AM
ORDER NO. : 135478-006
CUSTOMER NO: 8346753
CHANGE OF AGENT
NAME: COR GUAR FINANCE, LLC
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: CERTIFIED COPY XX PLAIN STAMPED COPY

EXAMINER:

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

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.

2. (a) Principal office soldness of limited liability company: (Nate: MAY BE STREET ADDRESS) 19111 COLLINS AVE Apt. 706 SUNNY ISLES BEACH, FL 33160 10/22/2015 11/02/2015 11/02/2015 11/00/2015	1. N	ame of the limited liability company: COR GUAR I	FINANCE,	LLC	
Principal office address of limited liability company: (Nate: MAST BE STREET ADDRESS) (Nate: MAST BE POST OFFICE BOX) 19111 COLLINS AVE Apt. 706 SUNNY ISLES BEACH, FL 33160 SUNNY ISLES BEACH, FL 33160 10/22/2015 L15000179201 3. Date of filing/registration in Florida 4. Document number 5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: GENGER, ARIE Registered Office Address: 19111 COLLINS AVE Apt. 706 SUNNY ISLES BEACH FL 33160 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 1201 Hays Street Tallahassee Tallahassee If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company. It is hereby confirmed that the change(s) was/were authorized by an aftirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Is fill Climi Signature of a member of authorized representative of a member of the limited liability company. Printed or typed name of signee Registered Office address. Thereby confirm that the inhimited liability company has been notified by writing of this change. GRACE E KIRBY,		. , , _		(b)	
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NUMBER OF REVINEED AVEIL	Signati	Linace C. Kin Oly ire of Registered Agent	V-111		

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