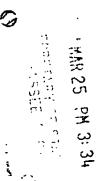
L15000212913

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

Office Use Only



800425744778



3624-3525 WHO: 10

R. HUNT C3/25/24



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: 03/25/2024			
Name: Patrice Rush			
Reference #:			
Entity Name: MRST, LLC			
Articles of Incorporation/Authorization to Transact Business			
Amendment			
✓ Change of Agent			
Reinstatement		ii Q	
☐ Conversion		וה נה מו	,
☐ Merger		01:01HV	7 1 7 1
☐ Dissolution/Withdrawal	FL		
☐ Fictitious Name			
Other			
Authorized Amount: \$25.00 Signature:			

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.

1. Na	ame of the limited liability company: MRST, L	LC	
2. (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 Cha	inge
	December 29, 2015		L15000212913
3.	Date of filing/registration in Florida	4,	Document number
5. (a)	F&LCORP.		•
J. (<u>a</u>)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	te:
	ONE INDEPENDENT DRIVE, SUITE 1300		er er Till Vit
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)	-
	SUITE 1300		
	JACKSONVILLE , FL	32202-5017	\$**
(b)	COGENCY GLOBAL INC.		AH 10: 10
` ′	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:	-	_
	Tallahassee FI	32301	_
the cha agent v was/wa	imited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the State of F the registered office ability company, it of the limited liabili	the and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
/s/ A	dam Maxwell Eliscu	Adam Maxwe	
•	iture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obt to mer	hy accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It d in writing of this change.	ree to act in this cap performance of my d for in Chapter 60 hereby confirm that	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/ Ti	mothy Mayville		
Signatu	re of Registered Agent Timothy Mayville, Assistant	Secretary	

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