L16000015411

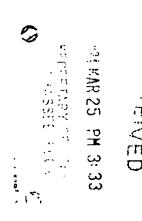
(Re	questor's Name)				
(Ad	dress)	· · · · · · · · · · · · · · · · · · ·			
(Ad	dress)				
, (Cit	y/State/Zip/Phone	e #)			
PICK-UP	MAIT WAIT	MAIL			
(Bu	siness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to Filing Officer					
•••					

Office Use Only

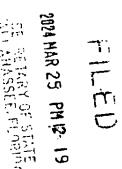


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LLC RA & RO Whonge



A. RAMSEY MAR 96 2024





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 → P: 866.625.0838 #: 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	#:2277966	
	e:	CPLVSDV, LLC
☐ Artic	les of Incorporation/Autho	rization to Transact Business
Ame	endment	
	nge of Agent	
☐ Rein	statement	
Con	version	
☐ Mer	ger	
☐ Diss	olution/Withdrawal	
☐ Fictif	tious Name	
Othe	er	
Authorized	Amount: \$25.0	0
Signature:	(Pattle	

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. N	ame of the limited liability company:CPLVSI	DV, LL	.C	
2. (a)		(b)	١	
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		, <u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change		No Ch	ange
	January 26, 2016			L16000015411
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	F&LCORP.			
J. (u)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of St	ate:
	ONE INDEPENDENT DRIVE, SUITE 1300			_
	7.00			
	SUITE 1300			
	JACKSONVILLE . F	32202	-5017	R 25
(b)	COGENCY GLOBAL INC.			MANAR 25 PM &
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	ress:	
	115 North Calhoun St., Suite 4			30.
	NEW Registered Office Address:			_
				<u> </u>
	Tallahassee, F	_L 32301		
the cha agent was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regis iability co- of the limi e limited li	tered offi mpany, it ted liabil ability co	ce and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
	dam Maxwell Eliscu	Adan	n Maxw	ell Eliscu
-	ature of a member or authorized representative of a member			Printed or typed name of signee
provis. the ob. to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d'in writing of this change.	ree to act e performa ed for in C hereby co	in thus co mee of m hapter 6 nfirm the	ipacity. I further agree to comply with the v duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
	imothy Mayville			
Signati	ire of Registered Agent			

Timothy Mayville, Assistant Secretary

Division of Corporations P.O. Box 6327 ◆ Tallahassee, FL 32314

FILING FEE: \$25.00