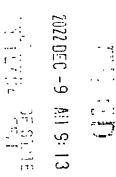
46000097406

	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.					
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A. BUTLER
DEC 1 2 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 3230 Phone: 850-558-1500

	ACCOUNT NO.	:	120000000	195
	REFERENCE	:	165437	8394591
	AUTHORIZATION	:	. 6	4
	COST LIMIT	:	\$ 25 <u>200</u>	dena
			00	
ORDER DATE :	November 30, 202	2		
ORDER TIME :	1:57 PM			
ORDER NO. :	165437-094			
CUSTOMER NO:	8394591			
	-	-		•
	CHANGE OF A	GEN'	<u>r</u>	
NAME:	CSTORE-FL, LL	С		
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FILE	ING:
	FIED COPY STAMPED COPY			

EXAMINER:

CONTACT PERSON: Eyliena Baker -- 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.

1. N	lame of the limited liability company: CSTORE-FL, L	.LC				
2. (a)	4622 Pannsylvania Avenue		(b) 4622 Pennsylvania Avenue			
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Suite 700		Suite 700			
	Kansas City, MO 64112		Kansas City, MO 64112			
	05/18/2016		L16000097406			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a	COGENCY GLOBAL INC.					
J. (a	Registered Agent and Registered Office shown on the records of 115 NORTH CALHOUN STREET	Tthe Florida	da Dept. of State:			
	Registered Office Address	ADDRESS	<u>SS)</u>			
	SUITE 4		202			
	TALLAHASSEE FI	L_32301	2022 DEC -			
(b)			6			
	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	address:			
	Corporation Service Company					
	NEW Registered Office Address:					
	1201 Hays Street		. .			
	Tallahassee FI	32301				
chang agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere ability co of the lim	red office and the business office of the registered company, it is hereby confirmed that the change(s) mited liability company or as otherwise provided in			
	S/ Jill Cilmi		Jill Cilmi, Authorized Representative			
l here provis the ob to mer notifie	ature of a member or authorized representative of a member by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I din writing of this change.	ree to act performa d for in C hereby co	Printed or typed name of signee et in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accep Chapter 605, F.S. Or, if this document is being filea confirm that the limited liability company has been			
_	E. Kirby, Asst. Vice President					

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