## L16000100730

(Requestor's Name)	<del></del>			
(Address)				
(/ local 033)				
(Address)				
(City/State/Zip/Phone #)				
(City/State/Zip/Priorie #)				
PICK-UP WAIT	MAIL			
(Business Entity Name)	<del></del>			
(Document Number)				
Certified Copies Certificates o	f Status			
Special Instructions to Filing Officer:				
}				
<u> </u>				

Office Use Only



300423600393

LLC RA E RO Change



A. RAMSEY FEB 26 2024



00/00/0004

115 N CALHOUN ST., STE. 4 TÄLLAHASSEE, 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:	J2/23/2024	
Name:	Patrice Rush	
Reference #:	2271709	
		SEX MARINE LLC
☐ Article:	s of Incorporation/Authorizati	on to Transact Business
☐ Amend	dment	
✓ Chang	e of Agent	
Reinst	atement	
☐ Conve	rsion	
☐ Merge	r	
☐ Dissolu	ution/Withdrawal	
Fictitio	us Name	
Other_		
Authorized Ar	mount: \$25.00	
Signature:	(Pastolle	

F: 800.944.6607

F: +852.2682.9790

## 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.

I. Na	une of the limited liability company: MIDDLE	SEX MA	RINE LLC
2. (a)		(b)	333331
,	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	Change
	May 25, 2016		L16000100730
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	RESEARCHER'S ASSOCIATES, INC.		
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	633 TIMBERLANE RD		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<del></del>
			202
	TALLAHASSEE , FI	32312	2024 FEB 23 PH 12
(b)	COGENCY GLOBAL INC.		23 P
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	# C
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallabassas	32301	_ <del></del>
	Tallahassee, FI	L_32301	<del>.</del>
the cha agent v was/wa	imited 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 le ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the registered iability compar of the limited l	l office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
/s/ R	obert Pereira	Robert P	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and ag 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, I d in writing of this change.	ree to act in the e performance ed for in Chapt hereby confirn	is capacity. I further agree to comply with the of my duties, and I am familiar with and acceper 605, F.S. Or, if this document is being filed in that the limited liability company has been
	ichael Carlisle		
Signatu	re of Registered Agent	Coorotoni	

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