6000Z33Q

| (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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2022 JUN 22 AM 7: 08

2022 JUN 22 AM II: 57

A. BUTLER JUN 2 4 2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

| Date: | 06/21/2022 | _ | | | | | |
|--------------------------|--------------------------|-----------------|-------------------|----|--|--|--|
| Name: | Merritt Walk | er | | | | | |
| | #: 171313 | | | | | | |
| Entity Nam | ne: MARKET | STREET F | ALM COAST RE, LL | .C | | | |
| ☐ Artic | cles of Incorporation/Au | uthorization to | Transact Business | | | | |
| ☐ Ame | endment | | | | | | |
| ✓ Change of Agent | | | | | | | |
| ☐ Reir | nstatement | | | | | | |
| ☐ Con | Conversion | | | | | | |
| ☐ Mer | ger | | | | | | |
| ☐ Dissolution/Withdrawal | | | | | | | |
| ☐ Ficti | itious Name | | | | | | |
| Oth | er | | | | | | |
| | | | | | | | |
| Authorized | Amount: | \$25 | | | | | |
| Signature: | mw | L | | | | | |

+44 (0)20.3961.3080

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: MARKE | ET STREET PAL | M COAST RE, LLC |
| 2. (a) | 1515 Indian River Blvd, Suite A232 | (b) | |
| _, ,, | Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | Vero Beach, Florida, 32960 | | |
| | | | |
| | December 23, 2016 | | L16000233081 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | WILLIAMS, JOAN T | | |
| (u. | Registered Agent and Registered Office shown on the reco | rds of the Florida Dept. c | d'State: |
| | 445 24TH STREET | | |
| | Registered Office Address (MUST BE FLORIDA STR | | |
| | SUITE 300 | | |
| | VERO BEACH | _, _{FL_} 32960 | |
| (b) | COGENCY GLOBAL INC. | | 2022 JUN 22 SECRETALL AND |
| (., | Enter name of NEW Registered Agent and/or NEW Regi | stered Office address: | 22 |
| | 115 North Calhoun St., Suite 4 | | 90 F |
| | NEW Registered Office Address: | | 7:08 |
| | Tallahassee | _, _{FL} 32301 | |
| the cha agent v was/w the art | imited liability company is not organized under thange or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membioles of organization or the operating agreement coan Williams | ess of the registered (ted liability company bers of the limited lia | office and the business office of the registered it, it is hereby confirmed that the change(s) ability company or as otherwise provided in it company. |
| Signature of a member or authorized representative of a member | | | Printed or typed name of signee |
| provis the obt to mer | by accept the appointment as registered agent an ions of all statutes relative to the proper and com ligations of my position as registered agent as pro ely reflect a change in the registered office addre d in writing of this change | nd agree to act in this plete performance of ovided for in Chapte iss, I hereby confirm | s capacity. I further agree to comply with the f my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed that the limited liability company has been |

/s/ Timothy Mayville

Signature of Registered Agent