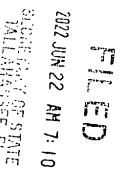
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: I20000000088

Date:	06/21/2022	
Name:_	Merritt Walker	
Referen	nce #:1713132	
Entity N	lame: MARKET STREET	PALM COAST SL, LLC
	Articles of Incorporation/Authorization t	o Transact Business
	Amendment	
V	Change of Agent	
□ F	Reinstatement	
	Conversion	
□ V	Merger	
	Dissolution/Withdrawal	
☐ F	Fictitious Name	
	Other	
Authoriz	zed Ámount: \$25	
Signatu	re:	

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.

rtoria			
L. N	ame of the limited liability company: <u>MA</u>	RKET STREET PAL	M COAST SL, LLC
2. (a)	1515 Indian River Blvd, Suite A232,	(b)	
	Principal office address of limited liability of (Note: MUST BE STREET ADDRES	• •	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Vero Beach, Florida, 32960		
	January 9, 2017		L1700005802
3.	Date of filing/registration in Florid	la 4.	Document number
5. (a)	WILLIAMS, JOAN T		
,	Registered Agent and Registered Office shown on the	e records of the Florida Dept.	of State:
	445 24TH STREET		
	Registered Office Address (MUST BE FLORID)	4 STREET ADDRESS)	
	SUITE 300		
	VERO BEACH	. FL_32960	
(b)	COGENCY GLOBAL INC.		2022 JUN SEGREN TALLA
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office address;	22 7
	115 North Calhoun St., Suite 4		CO The Laurence
	NEW Registered Office Address:		AN 7: 10 OF STATE SEE, FL
	Tallahassee	_{FL} 32301	
the cha agent was/w the art	will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the i icles of organization or the operating agreem	address of the registered Timited liability compan members of the limited li nent of the limited liabilit	office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in ty company.
/s/ Joan Williams Signature of a member or authorized representative of a member		Joan Will	Printed or typed name of signee
provis the ob- to mer	ions of all statutes relative to the proper and	l complete performance e as provided for in Chapte	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 a that the limited liability company has been

/s/ Timothy Mayville

Signature of Registered Agent Tir

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