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	(D	ocument Number)	
 Certified	Copies	_ Certificates	s of Status
Specia	al Instructions to	Filing Officer	

Office Use Only











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COGENCYGLOBAL	115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM Account#: 12000000088
	If there are any issues please contact Patrice at 850-202-9071
Date: 03/25/2024	
Name: Patrice Rush	
Reference #: 2277966	
Entity Name: VIEW	POST SYSTEMS, LLC
 Articles of Incorporation/Author Amendment Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal Fictitious Name Other	
Authorized Amount:\$25.0 Signature:	0

 •• CORPORATE HQ COGENCY GLOBAL INC. 10 E 40[™] ST, 10[™] FL NY, NY 10016 D: +1.212.947.7200 P: 800.221.0102 F: 800.944.6607

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EUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES, REGISTR* #6010712 6 LLOYDS AVE, UNIT 4CL LONDON EC3N 3AX +44 (0)20.3961.3080 •P ASIA PACIFIC HQ COGENCY CLOBAL (HK) LIMITED A HONG KONG LIMITED COMPANY UNIT B, I/F, LIPPO LEIGHTON TOWER 103 LEIGHTON RD, CAUSEWAY BAY HONG KONG P: +852.2682.9633 F: +852.2682.9790 s,

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.

	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	(b)	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BON</u>)
	No Change	N	o Change
	March 30, 2017		L17000070949
	Date of filing/registration in Florida	4.	Document number
(a)	F & L CORP.		
()	Registered Agent and Registered Office shown on the records o	f the Florida Dep	
	ONE INDEPENDENT DRIVE, SUITE 1300		- 3
	Registered Office Address (MUST BE FLORIDA STREET	- 1	
	SUITE 1300		
	JACKSONVILLE, F	L_32202-50	DIT
(b)	COGENCY GLOBAL INC.		PH B
()	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	<u>d Office addres</u>	29
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	. 32301	
	Tallahassee F		

/s/ Adam Maxwell Eliscu

Adam Maxwell Eliscu

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

/s/ Timothy Mayville

Signature of Registered Agent

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