	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
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A. BUTLER SEP 16 2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088

Date: September 15, 2022			ACCOUNT#, 120000000000		
Name: David S	hulman				
Reference #:	1786504				
Entity Name:	SEA	N C. LUCAS	, PLLC		
Articles of Incorpo	oration/Authorizati	on to Transact	Business		
Amendment					
✓ Change of Agent			ISSUES? CALL		
Reinstatement		David:			
Conversion			850-270-0082		
Merger					
Dissolution/Withd	rawal				
☐ Fictitious Name					
Other					
Authorized Amount:	\$25.00				
Signature:	David Shulman				

+1.212.947.7200

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.	Name of the limited liability company:	SEAN C. LUCAS, PLLC		
2. (Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: **INOTE: MAY BE POST OFFICE BOX**)	
	STE 500			
	MIAMI, FLORIDA 33131			
	5/15/2017		L17000107419	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a) SEAN C. LUCAS			
• • •	Registered Agent and Registered Office shown on the records of	of the Florida Dept. of	State	
	777 BRICKELL AVENUE		202	
	Registered Office Address		2022 SEP	
	51E 500			
	MIAMI	-L 33131	— 50 5 1 30 ≥ M	
	··			
(1	COGENCY GLOBAL INC		9: 2 S. L. S.	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	ed Office address:	- Fri - -	
	115 North Calhoun Street, Su	uite 4		
	NEW Registered Office Address:		_ _	
	Tallahassee F	32301		
	railanassee F	1. 32301		
the cagen was/the cagen Signal I he province to motif	change or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lawere authorized by an affirmative vote of the members articles of organization or the operating agreement of the mature of a member or authorized representative of a member are by accept the appointment as registered agent and acceptions of all statutes relative to the proper and completions of my position as registered agent as provide erely reflect a change in the registered office address, if the blood Assistant Sources.	of the registered of liability company, of the limited liability e limited liability gree to act in this e performance of led for in Chapter	Tice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in company. SEAN C LUCAS Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed	
	/s/ Eric Hood, Assistant Secretary ature of Registered Agent			