L17000130508

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2023 APR 28 AMIL: SECRETARY STALLAHASSECTI





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

Account#: 120000000088

Date:04/28/2	2023	
Name: Mer	rritt Walker	
Reference #:	1975634	
		DER & ASSOCIATES, LLC
Articles of Inco	orporation/Authorizatio	on to Transact Business
Reinstatement		
Conversion		
☐ Merger		
☐ Dissolution/Wit	thdrawal	
Fictitious Name	e	
Other		
Authorized Amount:	\$25	
Signature:	mw	



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

Account#: I20000000088

Date:	04/28/2023			
Name:	Merritt Wa	lker		
Reference	#:1975	634		
			R & ASSOCIATES, LLC	
	eles of Incorporation	/Authorization t	o Transact Business	
_	nge of Agent			
Rein	statement			
Con	version			
☐ Merç	ger			
Diss	olution/Withdrawal			
☐ Fictit	tious Name			
Othe	er			
Authorized	Amount:	\$25		
Signature:		mw		

COVER LETTER

	legistration Section Division of Corporations			
SUBJECT: W. DEXTER BENDER & ASSOCIATES, LLC Name of Limited Liability Company				res, llc
				npany
Dear Sir o	or Madam:			
The encle	osed Registered Agent/Registered Offi	ce Change and	d fee(s) are s	submitted for filing.
Please ret	urn all correspondence concerning thi	s matter to the	: following:	
	Brittany March-Cruz			
	Name of Person			
	Atwell, LLC			
	Firm/Company			
	Two Towne Square, Suite 700	· - ·		
	Address			
	Southfield, MI 48076			
	City/State and Zip Code			
E-m	statrep@cogencyglobal.com ail address: (to be used for future annu	ıal report noti	fication)	
For furthe	er information concerning this matter,	please call:		
	Christina Marasigan	at (866)	775-0112
	Name of Person		Area Cod	le & Daytime Telephone Number
	TREET/COURIER ADDRESS:		AILING AI	
	egistration Section		gistration S	
	ivision of Corporations lifton Building		vision of Co	
	661 Executive Center Circle		O. Box 6327	/ lorida 32314
	allahassee, Florida 32301	r a	manassee. P	юниа 52514
E	nclosed is a check for the following :	amount:		

☐ \$25 Filing Fee

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. Na	ame of the limited liability company;	W. DEXTER	BENDER & ASSOCIATES, LLC
2. (a)		(b)	
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(\(\mu_{-}\)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4470 CAMINO REAL WAY STE 101		4470 CAMINO REAL WAY STE 101
	FT MYERS, FL 33966		FT MYERS, FL 33966
	9/28/1976		L17000130508
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	King, Tyler Clay		
	Registered Agent and Registered Office shown on the records of Registered Office Address [MUST BE FLORIDA STREET]		of State:
	4470 Camino Real Way Ste. 10	01	
	Ft. Myers, I-	L3396	6
(b)	Cogency Global Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office a</u>		2023 APR SECRETALLAHA
	115 North Calhoun Street, Suite	e 4	7 28 7 28
	NEW Registered Office Address:		
	Tallahassee , i	L3230	1
tne cha agent w was/we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the registere liability compa of the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	/s/ Matthew C. Bissett		Matthew C. Bissett
	ure of a member or authorized representative of a member		Printed or typed name of signee
the obli to mere	ny accept the appointment as registered agent and as ons of all statutes relative to the proper and complet gations of my position as registered agent as provid by reflect a change in the registered office address, I I in writing of this change.	gree to act in t a performance ed for in Chap hereby confir	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accept ner 605, F.S. Or, if this document is being filed m that the limited liability company has been

/s/ Christina Marasigan, Asst. Secy.
Signature of Registered Agent