lo**pida** D**e**part**an**ent of State

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Division of Corporations

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To: • Page, 3 of 3 2023-11-16 10:27:59 PST 19548277645 From: Kaity Toon

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. 1	Same of the limited liability company: KEY WEST PD, I		· · · · · · · · · · · · · · · · · · ·	
2. (a	No change		(b) No change	
. (u	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	06/27/2017	 	17000138654	
3. 5. (i	Date of filing/registration in Florida COGENCY GLOBAL INC.	- 4.	Document number	
J. 11	Registered Agent and Registered Office shown on the records of a 115 N CALHOUN ST #4 Registered Office Address (MUST BE FLORIDA STREET)	Dept. of State:		
	TALLAHASSEE			
(t	C T Corporation System			
	1200 South Pine Island Road NEW Registered Office Address:	<u></u> -		
	Plantation, FL	33324		
the c agen was/	limited liability company is not organized under the law nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	vs of the S the regist ability cor of the limi	ered office and the business office of the registered ipany, it is hereby confirmed that the change(s) led liability company or as otherwise provided in	
	Korosec, Secretary	/s/ Ka	ra Korosee	
I her prov the o to me	nature of a member or authorized representative of a member eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide refly reflect a change in the registered office address, I t ed in writing of this change. C T Corporation System /s/ Michele Holden, Asst Sect	ee to act performa d for in C nevely con	Printed or typed nume of signee in this capacity. I further agree to comply with the nee of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed after that the limited liability company has been	

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