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(Requestor's Name) (Address)	200414618882
(Address) (City/State/Zip/Phone #)	S. CHATUL
PICK-UP WAIT MAIL	S. CHATHAM 33 SEP 13 2023 11
(Business Entity Name) (Document Number)	۲. Fit 15: 03
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
	RECEIVED 2023 SEP 12 AMII: 51 ALLAHASSEE FLOW
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

Date:	09/11/2023	
Name:	CHRIS	_
	#:2117372	_
		RE V, LLC
	cles of Incorporation/Authorizatio	n to Transact Business
🖌 Cha	inge of Agent	
🗌 Reir	nstatement	
📋 Con	iversion	
Mer	ger	
🗌 Diss	solution/Withdrawal	
🔲 Ficti	itious Name	
🔲 Othe	er	
Authorized Signature:	Amount: \$25.00	

@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

@EUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES. REGISTRY #8010712 6 LLOYDS AVE, UNIT 4CL LONDON EC3N 3AX +44 (0)20.3961.3080

@ ASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED AHONG KONG LIMITED COMPANY UNIT B. 1/F, LIPPO LEIGHTON TOWER 103 LEIGHTON RD, CAUSEWAY BAY HONG KONG P: +852.2682.9633 F: +852.2682.9790

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ____

CORE V, LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

COGENCY GLOBAL INC.

Firm/Company

115 North Calhoun Street, Suite 4

Address

Tallahassee, FL 32301

City/State and Zip Code

dlittwin@dugganbertsch.com

E-mail address: (to be used for future annual report notification)

_ at (_

For further information concerning this matter, please call:

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

_) _

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ S25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

l. Na	me of the limited liability company:		
2. (a)	9525 NIGHTHAWK DRIVE	(b)	9525 NIGHTHAWK DRIVE
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
	Chagrin Falls, OH 44023		Chagrin Falls, OH 44023
	08/23/2017		L17000180233
8.	Date of filing/registration in Florida	- 4	Document number
5. (a)	DUGGAN BERTSCH PLLC		
,	Registered Agent and Registered Office shown on the records of t	the Florida De	pt. of State:
	875 109TH AVENUE N.		
	Registered Office Address (MUST BE FLORIDA STREET)	IDDRESS)	
	Suite 302		
	NAPLES FL	3410	2012 SEP 12 PI112:03
(b)	Cogency Global Inc.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addres	<u>»</u>
	115 North Calhoun Street, Suite	4	
	<u>NEW</u> Registered Office Address:		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/S/ James M. Duggan

James M. Duggan

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. I hereby confirm that the limited liability company has been notified in writing of this change.

/S/ Sean Chase

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, F1. 32314 FILING FEE: \$25.00