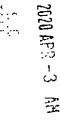
L17000211409

(Re	questor's Name)	
. (Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	⊭)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Name)
(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer	





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0 APR -- 3 CT 12: 5



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

Account#: 120000000088

Date: April 03	, 2020		Account#. 12000000000	
Name: KEN HO	OWELL			
Reference #:	1206135			
Entity Name:	MATRIXO	NESOURCE PI	EO IV LLC	
Articles of Incorpo	ration/Authoriza	tion to Transact Bu	siness	
Amendment				
✓ Change of Agent			iccitecs Call	
Reinstatement			ISSUES? CALL KEN:	
Conversion		518-213-0738		
☐ Merger				
☐ Dissolution/Withd	rawal			
Fictitious Name				
Other				
Authorized Amount:	\$25.00			
Signature:				

+852.3975.1803

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

2600 W Geronimo Place, Suite 100	(b) 2600 W Geronimo Place, Suite 100
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
Chandler, AZ 85224	Chandler, AZ 85224
10/12/2017	L17000211409
Date of filing/registration in Florida	4. Document number
a) PINCKET, BRIAN	
Registered Agent and Registered Office shown on the record	of the Florida Dept. of State:
9016 PHILIPS HWY	
Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)
JACKSONVILLE	7020 APX - 32256
b) COGENCY GLOBAL INC.	FL 32256
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address:
115 North Calhoun St., Suite 4	
NEW Registered Office Address:	
Tallahassee	FL 32301
change or changes are made, the Florida street address at will be identical. Or, in the case of a Florida limite	laws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the register defined liability company, it is hereby confirmed that the change of the limited liability company or as otherwise provided the limited liability company. Kara Childress
	Printed or typed name of signee

Tim Mayville, Assistant Secretary

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

INHS18 (2/14)

/s/ Tim Mayville
Signature of Registered Agent