17000219098

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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

Account#: 120000000088

Date:	05/26/2021		
	Marcel Ogbonna-A	Amu	
Reference	e #:1380434		
	me:		
	ticles of Incorporation/Autl	horization to Transact Business	
☑ Ch	ange of Agent		ANY ISSUES, CALL MARCEL:
☐ Re	instatement		(518) 213 - 0826
☐ Co	nversion		Thank you!
∐ Ме	erger		
☐ Dis	ssolution/Withdrawal		
☐ Fid	titious Name		
☐ Otl	her		
Authorize	d Amount: \$2	5.00	
Signature	o marcol ogr	Source Chair	

F: 800.944.6607

F: -852.2682.9790

COVER LETTER

TO: Registration Section

INHS18 (2/14)

ולו	vision of Corporations						
SUBJECT	Γ:	Credix US, LLC					
		ie of Lii	nited Li	iability (Company		
Dear Sir o	r Madam:						
The enclos	sed Registered Agent/Registered Off	īce Cha	nge and	fee(s) a	re submitted for filing.		
Please reti	irn all correspondence concerning th	is matte	r to the	followi	ng:		
	Ryan Di'Marzzio						
	Name of Person						
	c/o Credix US, LLC						
	Firm/Company						
	20185 East Country Club Drive	1202		_			
	Address						
·	Aventura, FL 33180						
	City/State and Zip Code						
	omar.tapia@credix.us			 .			
E-ma	ail address: (to be used for future and	iual repo	яt notif	ication)			
For further	r information concerning this matter.	please	call:				
	Ryan Di'Marzzio	at (_	305		952-5549		
	Name of Person			Area	Code & Daytime Telephone Number		
Ri Di Ci 26	egistration Section vision of Corporations ifton Building 61 Executive Center Circle allahassee, Florida 32301		Re _i Div P.C	gistratic vision o). Box 6	ADDRESS: on Section of Corporations 5327 e, Florida 32314		
Eı	nclosed is a check for the following	amoun	it:				
	\$25 Filing Fee		\$5	55 Filing	g Fee & Certified Copy		

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 ugent, or both, in the State of Florida.

1.	Name of the limited liability company:		Credix US, LLC	
2. (a	20185 East Country Club Drive 1202	(b)	20185 East Country Club Drive 1202	
(t	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (",_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Aventura, FL 33180		Aventura, FL 33180	
	10/23/2017		L17000219098	
3.	Date of filing/registration in Florida	4.	Document number	
5. (MIACCOUNTING CO			
(Registered Agent and Registered Office shown on the records of th	he Florida De	nt. of State:	
	20185 E Country Club Drive 120	20185 E Country Club Drive 1202		
	Registered Office Address (MUST BE FLORIDA STREET A.			
	Aventura Ft	3318	00	
(b)	COGENCY GLOBAL INC.		· 	
\	Enter name of NEW Registered Agent and/or NEW Registered C	<u>.</u>		
	115 North Calhoun Street, Suite 4	115 North Calhoun Street, Suite 4		
	NEW Registered Office Address:		MID: 52	
		3230		
the c agen was/	e limited liability company is not organized under the law hange or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of tricles of organization or the operating agreement of the law CREDIX USLICE.	the register bility comp I the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in	
/s/ CREDIX US LLC Signature of a member or authorized representative of a member		Printed or typed name of signee		
I her provi the o to me	rehy accept the appointment as registered agent and agre isions of all statutes relative to the proper and complete p bligations of my position as registered agent as provided rely reflect a change in the registered office address, I ha ied in writing of this change.	e to act in performanc for in Cha ereby confi	this canacity. I further agree to comply with the	
	/s/Eric Hood			
Signa	iture of Registered Agent			