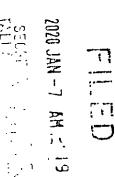
## L17000229464

(R	equestor's Name)
(Ad	ddress)
(Ad	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only



300338810433



20 384 -7 84 2:03

Y SULKER



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

Account#: 120000000088

Date: January 07, 2020		Account#. 1200000000		
Name: KEN HC	DWELL			
Reference #:	1170910	<u> </u>		
Entity Name:	PORTER I	OUSE MANAGER, LLC		
Articles of Incorpo	ration/Authorizat	on to Transact Business		
Amendment				
✓ Change of Agent		ISSUES? CALL		
Reinstatement		KEN:		
Conversion		518-213-0738		
Merger				
☐ Dissolution/Withdi	rawal			
Fictitious Name				
Other				
Authorized Amount:	\$25.00			
Signalure:				

800,221,0102

-1.212.947.7200

**⊕EUROPEAN HQ** 

## 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. N	ame of the limited liability company: _	PORTER HO	OUSE MAN	AGER, LLC		
2. (a)	Principal office address of limited liab (Note: MUST BE STREET AD	ility company:	_ (b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	No Change	· · ·	No	Change		
	November 6, 2017			L17000229464		
3.	Date of filing/registration in I	lorida	4.	Document number		
5. <b>(a)</b>	NRAI Services, Inc					
J. (a)	Registered Agent and Registered Office shown	on the records of th	ne Florida Dept. o	of State:		
	1200 South Pine Island Road					
	Registered Office Address (MUST RE FLO					
				IS 8		
	Plantation	, FL_	33324	SECAL TALL		
<b>(</b> ъ)	COGENCY GLOBAL INC.			1	 	
• • •	Enter name of NEW Registered Agent and/or	NEW Registered C	Office address:	· `		
	115 North Calhoun St., Suite 4				ب '- <del>-</del>	
	NEW Registered Office Address:				<b>o</b>	
	Tallahassee	, FL	32301	<del></del>		
Signa Signa I here provisite oblication of the starting of the	imited liability company is not organize ange or changes are made, the Florida st will be identical. Or, in the case of a Flere authorized by an affirmative vote of icles of organization or the operating ago ture of a member or authorized representative of by accept the appointment as registered ones of all statutes relative to the proper ligations of my position as registered agely reflect a change in the registered of an writing of this change.	ed under the laws reet address of to orida limited liab the members of reement of the liab a member a member a agent and agre- and complete p tent as provided lice address, I have	s of the State of the registered oility company the limited liability  Natalle  e to act in this erformance of for in Chapte ereby confirm	office and the business office of the rey, it is hereby confirmed that the changability company or as otherwise provide y company.  D. Riley  Printed or typed name of signee  s. canacity. I further garee to comply y	egistered ge(s) ded in	
ខយោមព្រ	re of Registered Agent Sean Honan, As	ssistant Secre	tary			
	Division of Corpor	ations• P.O. Bo	ox 6327• Tall	lahassee, FL 32314		

FILING FEE: \$25.00