1800002190

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(Address)				
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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:0	2/22/2021				
	Chris Vick				
Reference #:_	4000400				
Entity Name:_	с	CGH C-SUITE, LLC			
Articles of Incorporation/Authorization to Transact BusinessAmendment					
✓ Change of Agent					
Reinstatement					
Conversion					
☐ Merger					
☐ Dissolution/Withdrawal					
☐ Fictitious Name					
Other_					
Authorized Am Signature:	souns: \$25.00	·			

F: 800.944.6607

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. N	ame of the limited liability company:CGH C-S	SUITE, LLC	<u>. </u>
2 (a)		(b)	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	N.	o Change
	January 24, 2018		L18000021901
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	AEGIS LAW		
. (.,	Registered Agent and Registered Office shown on the records	s of the Florida Dep	ot, of State:
	100 SOUTH ASHLEY DRIVE		
	Registered Office Address	ET ADDRESS)	
	TAMPA	FL_33602	
(b)	COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Registered.	ered Office addres	
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		AH 8: 29
	Tallahassee	FL 32301	
the ch agent was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membericles of organization or the operating agreement of	s of the registered liability comparts of 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/ K. Travis Berry K. Travis Berr		avis Berry
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mei	eby accept the appointment as registered agent and tions of all statutes relative to the proper and compl digations of my position as registered agent as provely rely reflect a change in the registered office addressed in writing of this change.	agree to act in i lete performance ided for in Chaj . I hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been

/s/ Sean Honan

Signature of Registered Agent

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