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

Account#: I20000000088 Date: September 18, 2018 **KEN HOWELL** Name:\_\_\_ N459818 Reference #: Entity Name: \_\_\_\_PKPP ALPHA LLC Articles of Incorporation/Authorization to Transact Business Amendment ✓ Change of Agent **ISSUES? CALL** Reinstatement KEN: 518-213-0738 Conversion ] Merger Dissolution/Withdrawal Fictitous Name

Authorized Amount: \$25.00

Other

Signature:



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

Account#: I20000000088

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ISSUES? CALL	
KEN:	
518-213-0738	
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## 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:		PKPP ALPHA LLC	
2. (a)		_ (b	)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	2015 AYRSLEY TOWN BLVD STE 200	_	2015 AYRSLEY TOWN BLVD STE 200	
	CHARLOTTE, NC 28273	_	CHARLOTTE, NC 28273	
	March 6, 2018		L18000056259	
3.	Date of filing/registration in Florida	4,	Document number	
5. (a)	Benjamin B. Bush, Esq.			
J. (u)	Registered Agent and Registered Office shown on the records of the	ne Florida	a Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS.	<u> </u>	
	1300 THOMASWOOD DR			
	TALLAHASSEE , FL	32	2308	
(b)	COGENCY GLOBAL INC.		<i>:</i> }	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office ado	dress: 20	
	115 North Calhoun Street, Suite 4	ļ		
	NEW Registered Office Address:		1.3	
	Tallahassee FL_	32	32301	
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the legistration.	the regis bility co t the lim	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in	
	/s/ Mark E. Timmes		Mark E. Timmes	
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address. I h I in writing of this change.	re to act performa for in C ereby co	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep Chapter 605, F.S. Or. if this document is being filed onfirm that the limited liability company has been	

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

Signature of Registered Agent

/S/ Ann Marie Cummins