## 18000109891

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A. BUTLER OCT 3 1 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE: 084684 AUTHORIZATION : \$ 25.00 COST LIMIT : ORDER DATE: October 28, 2022 ORDER TIME : 2:45 PM ORDER NO. : 084684-152 CUSTOMER NO: 8394623 CHANGE OF AGENT NAME: PEOPLE 2.0 INDUSTRIAL, LLC PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY XX PLAIN STAMPED COPY CONTACT PERSON: Eyliena Baker -- EXT# EXAMINER:

## 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. Na	ame of the limited liability company: PEOPLE 2.0 II	NDUSTRI	AL, LLC		
•			b)		
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	`	-, <u></u> -	•	f limited liability company: E POST OFFICE BOX)
	2520 Renaissance Blvd, Suite 130		2520 Renaissance Blvd, Suite 130  King of Prussia, PA 19406		
	King of Prussia, PA 19406				
	05/01/2018		L1800010	09891	
3.	Date of filing/registration in Florida	4.		Document nur	nber
5. (a)					
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florid	a Dept. of Sta	ate:	
	COGENCY GLOBAL INC.				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u></u>		
	115 NORTH CALHOUN ST SUITE 4				
	TALLAHASSEE F	L_32301			2022 ( 2022 (
	•				
(b)				_	28
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office ac	ldress:		
	Corporation Service Company			_	ا مِي الآنِ
	NEW Registered Office Address:				30
	1201 Hays Street			_	
	Tallahassee, F	L_32301		_	
change agent v was/we the arti	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members cles of organization or the operating agreement of the country of th	e register iability co of the lin e limited.	ed office ar ompany, it i nited liabili liability cor	nd the business of is hereby continuity or a mpany or a mpany.	office of the registered med that the change(s) as otherwise provided in
/S/ JILL CILMI			JILL CILMI, AUTHORIZED PERSON  Printed or typed name of signee		
_	ture of a member or authorized representative of a member	maa ta ass	e in ebio o	••	_
provisi the obl to mere	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I in writing of this change.	ree to act 2 perform ed for in ( hereby c	in this cap ance of my Thapter 60, onfirm that	pacity. I further duties, and I an 5, F.S. Or, if the timited liab	agree to compty with the in familiar with and accept is document is being filed ility company has been
	The of Registered Agent	GRAC	E E. KIRB	BY, ASST. VICI	E PRESIDENT