## L18000228739

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## COVER LETTER

TO:

TO: Registration Section Division of Corporations	
SUBJECT: APRIUM GROUP LLC	
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to the following:
GUADALUPE AZAMAR-WEBB	
Name of Person	
HARRISON HELD, LLP	
Firm/Company	. <del></del>
333 W. WACKER DR., STE. 1700	
Address	<del></del>
CHICAGO, IL 60606	
City/State and Zip Code	<del></del>
gawebb@harrisonheld.com	
E-mail address: (to be used for future and	nual report notification)
For further information concerning this matter	please call:
GUADALUPE AZAMAR-WEBB	312-803-7106
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following	g amount:
<b>☑</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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

(a)	1250 ELIZABETH AVENUE	(b) 1250 ELIZABETH AVENUE
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 1-4	SUITE 1-4
	WEST PALM BEACH, FL 33401	WEST PALM BEACH, FL 33401
	SEPTEMBER 26, 2018	L18000228739
	Date of filing/registration in Florida	4. Document number
(a)	COGENCY GLOBAL INC.	
(41)	Registered Agent and Registered Office shown on the records	s of the Florida Dept. of State:
	115 NORTH CALHOUN ST.	
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)
	SUITE 4	
	TALLAHASSEE	FL 32301
		7
(h)	ROBERT T. NAPIER	1
(b)	ROBERT T. NAPIER  Enter name of NEW Registered Agent and/or NEW Registered.	ered Office address:
(b)		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	·*
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent </u>	·*

the articles of organization or the operating agreement of the limited liability company.

LOUIS S. HARRISON, AUTHORIZED REP. Printed or typed name of signee Signature of a member or authorized representative of a member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am Jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent