## L18000229901

(Requestor's Name)					
(Address)					
(Address)					
(Cit	y/State/Zip/Phone	e #)			
PłCK-UP	MAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

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SECRETARY OF STATE

A. BUTLER JUN 24 2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	06/21/2022				
	Merritt W	/alker	<del></del>		
	#: <b>171</b>				
			NIOR MEZZANINE, LLC		
Articl	es of Incorporation	on/Authorizatio	n to Transact Business		
Ame	ndment				
✓ Char	ige of Agent				
Rein	statement				
Conversion					
☐ Merg	er				
☐ Dissolution/Withdrawal					
☐ Fictit	ious Name				
Othe	r				
Authorized /	Amount:	\$25			
Signature:	•	mw			

## STÄTEMENT 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: SEBASTL	AN SENIOR ME	EZZANINE, LLC
2. (a)	1515 Indian River Blvd, Suite A232	(b)	
(,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: <i>(Note: MAY BE POST OFFICE BOX)</i>
	Vero Beach, Florida, 32960		
	September 28, 2018		L18000229901
3.	Date of filing/registration in Florida	4.	Document number
5. (a	, WILLIAMS, JOAN T		
`	Registered Agent and Registered Office shown on the records	of the Florida Dept. of	State:
	445 24TH STREET		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	<del></del>
	SUITE 300		~
	VERO BEACH	FL_32960	102 Ju
(b)	COGENCY GLOBAL INC.		N 22
	Enter name of NEW Registered Agent and/or NEW Register	red Office address:	959 R U
	115 North Calhoun St., Suite 4		PILED 2022 JUN 22 AM 6: 32 SECRELARY OF STATE TALLARY SEE, FL
	NEW Registered Office Address:		L-11 V
	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 were authorized by an affirmative vote of the member icles of organization or the operating agreement of t	of the registered of Hiability company, is of the limited lial	flice and the business office of the registered it is hereby confirmed that the change(s) bility company or as otherwise provided in
	oan Will <del>i</del> ams	Joan Willia	ms
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to met	by accept the appointment as registered agent and a tions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, ed in writing of this change.	igree to act in this sie performance of ded for in Chapter I hereby confirm t	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed hat the limited liability company has been

Signature of Registered Agent
Timothy Mayville, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00

/s/ Timothy Mayville