118000252268

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	10/01/2024				
Name:	Cheyanne Davis	-			
Reference	#: 2506645	_			
Entity Name	e: CYPRESS PO	DINT OFFICE LLC			
	les of Incorporation/Authorization				
Ame	ndment				
✓ Char	nge of Agent				
Rein	statement				
Con\	version				
☐ Merg	ger				
☐ Disso	☐ DissolutionWithdrawal				
Fictit	ious Name				
Othe	er				
Authorized ,	Amount: \$25.00				
Signature: _	Ohyma Paine				



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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	10/01/2024				
Name:	Cheyanne Davis	-			
Reference #	2506645	_			
Entity Name	CYPRESS PO	DINT OFFICE LLC			
∐ Article	es of Incorporation/Authorization	to Transact Business			
☐ Amen	ndment				
✓ Chang	ge of Agent				
Reins	tatement				
Conve	ersion				
☐ Merge	er				
☐ Dissolution/Withdrawal					
☐ Fictition	ous Name				
Other					
Authorized A	mount: \$25.00				
Signature:	Orymo Paire				

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

N	ame of the limited liability company:CYF	PRESS POIN	NT OFFICE LLC
(a)	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	•	Mailing address of limited liability compar (Note: MAY BE POST OFFICE BOX)
	No Change	No.	o Change
	October 26, 2018		L18000252268
	Date of filing/registration in Florida	4.	Document number
(a)	Corporation Service Company		
()	Registered Agent and Registered Office shown on the re	ecords of the Florida Dept	ot, of State:
	1201 Hays Street		
	1201 Hays Street Registered Office Address (MUST BE FLORIDA S	TREET ADDRESS)	
	Registered Office Address (MUST BE FLORIDA S		2024 0 SECT TAL
(b)	Registered Office Address (MUST BE FLORIDA S	FL 32301-25	2024 OCT - 1 SECTABLE ABO
(b)	Registered Office Address [MUST BE FLORIDA S Tallahassee	, _{FL} 32301-25	
(b)	Registered Office Address (MUST BE FLORIDA S Tallahassee COGENCY GLOBAL INC.	, _{FL} 32301-25	
(h)	Registered Office Address (MUST BE FLORIDA S Tallahassee COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Registered Agent	, _{FL} 32301-25	2024 OCT -1 AH 10: 50 SEGNETALLARY, SSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Bernard Falk	Berna	ard Falk
		·

Signature of a member or authorized representative of a member

Printed or typed name of signee

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 familiar 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.

/s/ Michael Carlisle

Signature of Registered Agent

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