

L18000273958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

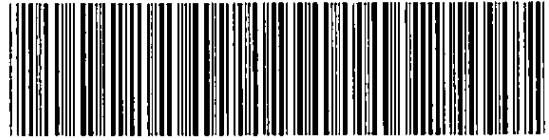
(Business Entity Name)

(Document Number)

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M. SOLOMON



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

Account#: 120000000088

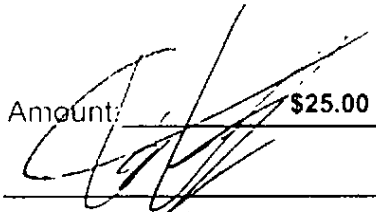
Date: 11/08/2019

Name: Chris Vick

Reference #: 1150053

Entity Name: CONGRESS CORPORATE PLAZA II LLC

- Articles of Incorporation/Authorization to Transact Business
- Amendment
- Change of Agent
- Reinstatement
- Conversion
- Merger
- Dissolution/Withdrawal
- Fictitious Name
- Other _____

Authorized Amount:  \$25.00

Signature: _____

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. Name of the limited liability company: CONGRESS CORPORATE PLAZA II LLC

2. (A) 333 SE 2ND AVE STE 4400, MIAMI, FL 33131 (B) 333 SE 2ND AVE STE 4400, MIAMI, FL 33131
 Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 11/28/2018 4. L18000273958
 Date of filing/registration in Florida Document number

5. (a) _____
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State

CORPORATION SERVICE COMPANY
 Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)
1201 HAYS ST
TALLAHASSEE, FL 32301

(b) COGENCY GLOBAL INC.
 Enter name of NEW Registered Agent and/or NEW Registered Office address.

115 North Calhoun Street, Suite 4
 NEW Registered Office Address:

Tallahassee, FL 32301

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 Article(s) of organization or the operating agreement of the limited liability company.

Noemi Romero Noemi Romero, Authorize Representative
 Signature of member or authorized representative of a member Printed or typed name of signer

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.

Anthony E. Machy, V.P.
 Signature of Registered Agent

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

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA