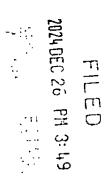
L19000043158

(Requestor's Name)				
(Address)				
(Address)				
,				
(Cib.(Ciata Tia/Dhana #)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Certified Copies				
Special Instructions to Filing Officer:				
J. HORNE				
DEC 27 2024				

Office Use Only



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/20/2024	
Name:	Cheyanne Davis	_
Reference	#: 2597601	
	e: 5221_KI	ENWOOD LLC
	les of Incorporation/Authorization	
☐ Ame	ndment	
✓ Char	nge of Agent	
☐ Rein	statement	
Con	version	
☐ Merç	ger	
Diss	olution/Withdrawal	
☐ Fiction	tious Name	
☐ Othe	er	
Authorized	Amount: \$25	
Signature:	Oryma Paire	



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

Account#: I20000000088
If there are any issues please contact Cheyanne at 850-202-1882

Date:12	2/20/2024	
Name:	Cheyanne Davis	<u> </u>
Reference #:	2597601	<u> </u>
	5221 H	ENWOOD LLC
☐ Articles o	of Incorporation/Authorization	on to Transact Business
☐ Amendm	ent	
✓ Change of the control of the	of Agent	
Reinstate	ement	
Conversi	on	
Merger		
Dissolution	on/Withdrawal	
Fictitious	Name	
Other		
Authorized Amo	ount: \$25	
Signature:	Chyma Paine	

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. N	ame of the limited liability company:5221 KE	NWOOI	DD LLC	
2. (a)	4520 EAST WEST HWY, STE 200	(b	(b) 4520 EAST WEST HWY, STE 200	
_, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	
	BETHESDA MD 20814	_	BETHESDA MD 20814	
	2/12/2019		L19000043158	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	LYNN, SANDRA T, ESQ.			
. (Registered Agent and Registered Office shown on the records of t	he Florida	da Dept, of State	
	7 BARRACUDA LN			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS		
	KEY LARGO FL	3303	2024 DEC 26	n
(b)	Cogency Global Inc. Enter name of NEW Registered Agent and/or NEW Registered	Office ada	address:	Ö
	115 North Calhoun Street, Suite 4		address:	
	NEW Registered Office Address:		<u></u>	
	Tallahassee, FL	3:	32301	
the ch agent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regisability co of the lim	gistered office and the business office of the regi- company, it is hereby confirmed that the change(imited liability company or as otherwise provided	stered (s)
	/s/ Eleanor Wells		Eleanor Wells	
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee	
provis the ob to mei notifie	thy accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete digations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. If Tim Mayville, Assistant Secretary	ee to act performa I for in C iereby co	ct in this capacity. I further agree to comply wit mance of my duties, and I am familiar with and a Chapter 605, F.S. Or, if this document is being confirm that the limited liability company has be	h the iccept filed zen

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Signature of Registered Agent