## L19000043170

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



900441378359

FILED
2024 DEC 26 PM 4: 04:024 DEC 26



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

Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	12/20/2024							
Name:	Cheyanne Davis	_						
Reference #	2597601	_						
	851 N	ASON LLC						
	es of Incorporation/Authorization							
Amer	ndment							
✓ Change of Agent								
Reinstatement								
Conv	ersion							
☐ Merg	er							
Disso	olution/Withdrawal							
☐ Fictitious Name								
Other	r	·····						
Authorized A	Amount: \$25							
Signature:	(Vyma Paire							

## 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.

Name of the limited liability company:      851 MASON LLC						
		4520 EAST WEST HWY, STE 200		(b) 4520 EAST WEST HWY, STE 200  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	(,	Principal office address of limited liability company ( <u>Nate: MUST BE STREET ADDRESS</u> )				
		BETHESDA MD 20814		BETH	ESDA MD 20814	
		2/12/2019			L19000043170	
3.		Date of filing/registration in Florida		4.	Document number	
5.	(a)	LYNN, SANDRA T, ESQ				
J.	(11)	Registered Agent and Registered Office shown on the records o	Éthe	e Fforida Dept-of Stat	- e·	
		7 BARRACUDA LANE				
		Registered Office Address (MUST BE FLORIDA STREET		DDRESS)	-	
					20 1)	
		KEY LARGO F	L_	33037	FIL 2024 DEC 26 IÀLLAHASS	
	(b)	Cogency Global Inc.			FILED 2024 DEC 26 PM 4: 04 ALLAHASSEE, FLORIDA	
		Enter name of NEW Registered Agent and/or NEW Registered Office address.				
		115 North Calhoun Street, Suite 4			PH 4: 04	
		NEW Registered Office Address:			- DA	
		Tallahassee F	·r	32301	-	
			L	0200.	-	
the age wa	cha ent v s/we	imited liability company is not organized under the lange or changes are made, the Florida street address civil be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of th liab of	he registered office bility company, it i the limited liabilit	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
	/:	s/ Eleanor Wells			Eleanor Wells	
S	ignat	ture of a member or authorized representative of a member			Printed or typed name of signee	
pro the to t	visi obl nere ifiec	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I I in writing of this change.  Tim Mayville, Assistant Secretary	e ni	erformance of my	duties, and I am familiar with and accept	
Six		re of Registered Agent				