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	(Requestor's Name)	
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	(City/State/Zip/Phone #)	
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	(Business Entity Name)	<u> </u>
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115 N CALHOUN ST., STE, 4 TALLAHASSEE, FL 32301 ..P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:04/1	6/2021		
Name: N	lerritt Walker		
Reference #:			
Entity Name:	CASA DEVO	N INVESTMENTS LLC	_
Articles of In	ncorporation/Authorizati	on to Transact Business	
Amendmen	t		
✓ Change of A	Agent	CO UD	202
Reinstatem	ent	SER SER	2021 APR 16
Conversion			16
Merger		95.5 20.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3.5 3	5 AM II: 20
☐ Dissolution/	Withdrawal	严嵩	: 20
Fictitious Na	ame		
Other			
Authorized Amoun	t: \$25		
Signature:	mw		

COGENCY GLOBAL INC. 10 E 40° ST, 10° FL NY, NY 10016 D: +1.212.947.7200 P: 800.221.0102 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.

1. N	ame of the limited liability company:	ASA DEVO	N INVE	STMENT	SLLC			
2. (a)			(b)					
,	Principal office address of limited liability (Note: MUST BE STREET ADDR	y company:	_	Mi	ailing address of li (Note: MAY BE)			•
	No Change		·	No Chang	ge			_
	March 13, 2019				L190000	63895	I	
3.	Date of filing/registration in Flo	orida	4,	1.	Document numb	ber		
5. (a)	BCRA, LLC							
. (Registered Agent and Registered Office shown or	the records of t	he Florida I	Dept. of State:				
	1905 NW CORPORATE BLVD, S	STE 310						
	Registered Office Address (MUST BE FLOR	IDA STREET A	DDRESS)			ဟ	20	
	BOCA RATON	, FL_	33431			FORE	2021 APR	71
(b)	COGENCY GLOBAL INC.					ANALY ANALY	5	m
	Enter name of NEW Registered Agent and/or NI	EW Registered	Office addr	<u>ess</u> :		SS유	F	111
	115 North Calhoun St., Suite 4					三 円式 円式	AH 11: 20	· ·
	NEW Registered Office Address:					, tu	ب	
	Tallahassee	, F1	32301					
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If the limited fiability 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.

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Sydne Garchik

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/ Tim Mayville

Signature of Registered Agent

Tim Mayville, Assistant Secretary
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
FILING FEE: \$25,00