119000110576

(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



300384147583

ALLAHASSEE ETALL

2022 MAR 29 AM II: 3
SEGRED RESERVES TATE
TALL AND SEED STATE

RECEIVED

TIND

of 3/30/2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Date: March	28, 2022	Account#: I20000000088
Name: David		
Reference #:	1593354	
		-MATTHEWS, LLC
Articles of Incor	poration/Authorization	to Transact Business
Amendment		
Change of Ager	nt	ISSUES? CALL
Reinstatement		David:
Conversion		850-270-0082
Merger Merger		
☐ Dissolution/With	ndrawal	
☐ Fictitious Name		
Other		
Authorized Amoun	t: \$25.00	
Signature:	David Shulman	

-1.212.947.7200

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. Na	ame of the limited liability company:	PF NC 10-MATTHEWS, LLC		
2 (a)		(b)		
2. ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	4 Liberty Lane West		4 Liberty Lane West	
	Hampton, N.H. 03842		Hampton, N.H. 03842	
	4/30/2019		L19000110576	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	McGuiness, Shane			
v. ()	McGuiness, Shane Registered Agent and Registered Office shown on the records of t	2022 HAR 29 SECRETALLAHA		
	Registered Office Address (MUST BE FLORIDA STREET A			
	1560 N. Orange Ave, Suite 30	29		
	Winter Park , FL	32789	R 29 AH II	
(b)	COGENCY GLOBAL INC.	AHII: 35 OF STATE SEE, FL		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			
	115 North Calhoun Street, Suite			
	NEW Registered Office Address:			
	Tallahassee . Fiz			
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the	the registered bility compar f the limited l	office and the business office of the registered by, it is hereby confirmed that the change(s) hability company or as otherwise provided in	
	s/ Justin Vartanian		Justin Vartanian	
	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address. I h I in writing of this change.	ee to act in the performance of for in Chapt pereby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605. F.S. Or, if this document is being filed in that the limited liability company has been	
	/s/ Michael Carlisle			

Michael Carlisle, Assistant Secretary

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

INHS18 (2/14)

Signature of Registered Agent