119000121051

	(Requestor's Name)	
	(Address)	
	(Address)	
	(Ciry/State/Zip/Phone #)	
PD.09	, WAIT M	AIL
	(Business Entity Name)	
	(Document Number)	
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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:	05/18/2021		
	Marcel Ogbonna-A	.mu	
Reference #	1371412		
);	VIDENCE, LLC	
Articl	es of Incorporation/Auth	orization to Transact Business	
	ndment ge of Agent		ANY ISSUES, CALL MARCEL:
Reins	statement		(518) 213 - 0826
Conv	ersion		Thank you!
☐ Merg	er		
Disso	olution/Withdrawal		
☐ Fictiti	ous Name		
Other	r		
Authorized A	Amount: \$25.	.00	
Signature:	Marcel og be	311110 - Francis	

F: 800.944,6607

F: +852.2682.9790

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:			VIDENCE, LLC			
2. (a	·)	(b)			
(-	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address	s of limited liability company: (BE POST OFFICE BOX)		
	5900 BROKEN SOUND PARKWAY NW		5900 BROKEN S	OUND PARKWAY NW		
	BOCA RATON, FL 33487	-	BOCA RA	TON, FL 33487		
	5/3/2019		L190	00121051		
3.	Date of filing/registration in Florida	4,	Document r	number		
5. (a)					
,	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State:			
	FLANIGAN, TIMOTHY E. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	5900 BROKEN SAND PRKWY N	۱W				
	BOCA RATON , FL	33	3487	2021 HAY 18		
(ŧ	COGENCY GLOBAL INC.					
(-	Enter name of NEW Registered Agent and/or NEW Registered	Office add	Office address:			
	445 North Calhaus Steach Suite	4		- 09		
	115 North Calhoun Street, Suite 4 NEW Registered Office Address:	-				
		32	2301			
the c agen was/	e limited liability company is not organized under the law hange or changes are made, the Florida street address of a will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	s of the the regis bility co f the limi	State of Florida, it is he tered office and the bus mpany, it is hereby conted liability company o	finess office of the registered firmed that the change(s)		
	Villano.	Dr.	Pat Basu, Manager			
Sig	nature of a member or authorized representative of a member		Printed or typ	ed name of signee		
provi the o	eby accept the appointment as registered agent and agre isions of all statutes relative to the proper and complete p bligations of my position as registered agent as provided crely reflect a change in the registered office address, I h ted in writing of this change.	ee to act performa I for in C pereby co	in this capacity. I furth ince of my duties, and I hapter 605, F.S. Or, if infirm that the limited li	ner agree to comply with the am familiar with and accept this document is being filed ability company has been		
	Sheryl A. Gibbs					
Signa	ture of Registered Agent					