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

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

Date:0	4/16/2021	
	Merritt Walker	<u> </u>
	1315084	
	LAKE	VIEW MRK LLC
Articles	of Incorporation/Authorization	
Amendr		
✓ Change	of Agent	2021 APR 16 SECRETARY TALL AND
Reinstat	tement	三角 · 另
Convers	sion	127. の 27次 90の 型
Merger		S AM II: 20
☐ Dissolut	ion/Withdrawal	TATE TRUE
Fictitious	s Name	
Other_		
Authorized Am	ount: \$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

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.

1.	Na	me of the limited liability company: LAKEV	/IEW MRK L	LC				
2. (a			(b	ı)				
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		No Change		No Chan	nge			
		October 31, 2018		\	<u> </u>			
3.		Date of filing/registration in Florida	4.		Document number			
5. (a)	BCRA, LLC						
(,	,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
		1905 NW CORPORATE BLVD, STE 3	10					
		Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS	7				
					202 S.E.			
		BOCA RATON	FL_33431		TORRE TO			
(b)	5)	COGENCY GLOBAL INC.			5 5 1			
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	<u>zistered Office ad</u>	dress:	※ きって			
		115 North Calhoun St., Suite 4			MII: 20			
		NEW Registered Office Address:			• •			
		Tallahassee	, _{FL_} 32301					

If the limited liability 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.

/S/ Sydne Garchik

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