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Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	<u>U4/U8/2024</u>				
Name:	Patrice Rush				
Reference #:	2324052				
Entity Name: ACCEL RESEARCH SITES - GEORGIA, LLC					
☐ Article	s of Incorporation/Authorization	n to Transact Business			
Amen	dment				
Change					
☐ Reinst	Reinstatement				
☐ Conve	ersion				
☐ Merge	er				
☐ Dissol	ution/Withdrawal				
☐ Fictitio	ous Name				
Other_		· · · · · · · · · · · · · · · · · · ·			
Authorized A	mount: \$25				
Signature:) NOI O				

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.	Name of the limited liability company: ACCEL I	RESE	ARCH SITES - GEORGIA, LLC		
2. (a	Principal office address of limited liability company:	(b	Mailing address of limited liability company:		
	(<u>Note: MUST BE STREET ADDRESS</u>)		(Note: MAY BE POST OFFICE BOX)		
	No Change		No Change		
	September 20, 2019	. .	L19000238724		
3.	Date of filing/registration in Florida	4.	Document number		
5. (_{a)} Parahovnik, Lora				
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:		
	615 Crescent Executive Ct				
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS			
	Suite 120				
	Lake Mary, FL	32746			
(ł	COGENCY OF ORAL INC				
(.	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	115 North Calhoun St., Suite 4		20		
	NEW Registered Office Address:	_	2024 APR		
	Tallahassee Fr	32301	α		
	•				
the c agen was/	e limited liability company is not organized under the law hange or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited li- were authorized by an affirmative vote of the members of rticles of organization or the operating agreement of the	the regis ability co of the lim	tered office and the business, office at the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in		
	Tom McGuire		om McGuire Authorized Person		
Signature of a member or authorized representative of a member			Printed or typed name of signee		
prov the o to m	reby accept the appointment as registered agent and agi isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide erely reflect a change in the registered office address, I led in writing of this change.	ree to act performed for in C hereby co	in this capacity. I further agree to comply with the nice of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed nfirm that the limited liability company has been		
/s/	Timothy Mayville				
Sign	ature of Registered Agent				

Timothy Mayville, Assistant Secretary

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