L2000018801

| (Re | equestor's Name) | | | |
|---|--------------------|-------------|--|--|
| (Ad | idress) | - | | |
| (Ad | idress) | | | |
| (Cit | ty/State/Zip/Phone | = #) | | |
| PiCK-UP | ☐ WAIT | MAIL | | |
| (Bu | usiness Entity Nar | ne) | | |
| (Do | ocument Number) | <u> </u> | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
| | OCT 13 202 | WE 22 | | |

Office Use Only



800395148338

TALLAHASSEE, FLC.

VECEIVED





115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088

| Date: | 10/12/2022 | _ . | | |
|--------------|------------------------|------------|-------------|----|
| Name: | Merritt Walk | er | | |
| Reference # | 179503 | 0 | | |
| | DEL | | HOLDINGS, L | LC |
| | es of Incorporation/Au | | | |
| Amen | dment | | | |
| ✓ Change | ge of Agent | | | |
| Reins | tatement | | | |
| Conve | ersion | | | |
| ☐ Merge | er | | | |
| Disso | lution/Withdrawal | | | |
| Fictition | ous Name | | | |
| Other | | | | |
| | | | | |
| Authorized A | mount: | \$25 | | |
| Signature: | mi | v | | |

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

| Date: | 10/12/2022 | - | |
|--------------|-------------------|-------|-------------------------|
| Name: | Merritt W | alker | |
| Reference # | 179 | 5030 | |
| | | | LY HOLDINGS, LLC |
| | | | on to Transact Business |
| ☐ Amer | ndment | | |
| ✓ Chan | ge of Agent | | |
| ☐ Reins | statement | | |
| ☐ Conv | ersion | | |
| ☐ Merg | er | | |
| ☐ Disso | olution/Withdrawa | ıl | |
| ☐ Fictiti | ous Name | | |
| Other | - | | |
| | | | |
| Authorized A | Amount: | \$25 | |
| Signature: _ | | mw_ | |

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.

| 2. (a) | | (b |) | | | | |
|------------------------------|---|--|---|--|---|-------------------------------------|--|
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of l (Note: MAY BE | | • | |
| | No Change | | No Cha | inge | | | |
| | March 17, 2020 | | | L20000078807 | | | |
| 3. | Date of filing/registration in Florida | 4. | | Document num | ber | | |
| 5. (a) | UNIVERSAL REGISTERED AGENTS, INC | · . | | | | | |
| . (u) | Registered Agent and Registered Office shown on the records of | Tthe Florida | Dept. of Sta | de: | | | |
| | 1317 CALIFORNIA ST. | | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS | 2 | _ | | | |
| | TALLAHASSEE F | 32304 | | _ | SECRETAR) [ALL AHASSI | 2022 OCT 12 | |
| (b) | COGENCY GLOBAL INC. | | | | HASS HASS | CT II | |
| • | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> | d Office ado | <u>Iness</u> : | | | | i"Î] |
| | 115 North Calhoun St., Suite 4 | | | _ | | 84 : II HA | Ö |
| | NEW Registered Office Address: | | | | | 8 | 9 |
| | Tallahassee | _{L_} 32301 | | _ | | | |
| the cha agent v was/wa | imited liability company is not organized under the lainge or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | f the regis iability co of the lim | tered offic mpany, it ited liabili | ce and the busine is hereby confirm ty company or as | ss office of ned that the | of the he cha | registered inge(s) |
| | ılie Gracz | Julie | Gracz | | _ | | |
| Signa | ture of a member or authorized representative of a member | | | Printed or typed n | ame of sign | icc | |
| provisi the obl to mer | hy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide by reflect a change in the registered office address, I d in writing of this change. | ree to act e performe ed for in C hereby co | in this cap ince of my hapter 60 onfirm that | pacity. I further is duties, and I am 15, F.S. Or, if this 1 the limited liabi | agree to c Jamiliar s docume lity comp | compl with a nt is h any h | y with the and accept peing filed as been |

Signature of Registered Agent

/s/ Sean Honan