120000085872

	(Requestor's Name)			
(Address)				
(Address)				
	(City/State/Zip/Phone #)			
☐ P(CK/UP	WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer				
=				

Office Use Only



800366150628



O SIMMONE MAY 1 2 2021



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

Account#: 120000000088

Date:_	05/11/2021				
Name:	Merritt Walker				
Refere	nce #: 1370547				
Entity f	Name: CROWDFUND YO	JR SYNDICATE LLC			
	Articles of Incorporation/Authorization to	Transact Business			
	Amendment				
\checkmark	Change of Agent				
	Reinstatement				
	Conversion				
	Merger				
	Dissolution/Withdrawal				
] Fictitious Name				
	Other				
Authori	zed Amount: \$25				
Signatu	ure:				

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: CROWDFUND			ND YOUR SYNDICATE LLC
2.	(a)	No Change	(b)	No Change
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		2/40/2020		1.0000005070
3.		3/19/2020 Date of filing/registration in Florida	- <u>-</u>	L20000085872 Document number
		Taulas Kiss	٦٠.	170cument humber
5.	(a)	Registered Agent and Registered Office shown on the records of	the Florida Dent.	of State:
		2224 Shore Drive	····	
		Registered Office Address	(DDRESS)	
		St Augustine FL	32086	
	(b)	COGENCY GLOBAL INC.		A.
	` ´	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	<u> </u>
		115 North Calhoun Street, Suite	4	
		NEW Registered Office Address:		
		Tallahassee, FL	32301	
the age was	cha nt w s/we	imited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered bility compar f the limited l	l office and the business office of the registered by, it is hereby confirmed that the change(s) lability company or as otherwise provided in
Isl Kim Lisa Taylor		45.1	Kim Lisa Taylor	
		ure of a member or authorized representative of a member		Printed or typed name of signee
pro the to n	visi obli iere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete jigations of my position as registered agent as provided by reflect a change in the registered office address. The lim writing of this change.	ee to act in th performance of I for in Chapt ereby confirn	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 a that the limited liability company has been

Menutt Walker, ASSt. Secretary
Signature of Registered Agent