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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: 120000000088 March 28, 2022 Date: **David Shulman** Name:\_ 1593354 Reference #:\_\_\_\_ PF STUART (STUART CROSSINGS), LLC Entity Name:\_\_\_\_ Articles of Incorporation/Authorization to Transact Business Amendment Change of Agent **ISSUES? CALL** Reinstatement David: 850-270-0082 Conversion Merger Dissolution/Withdrawal Fictitious Name □ Other 
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 □ Other Authorized Amount: \$25.00 David Shulman

Signature:

## 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.

	and of the fillings facility company.		(STUART CROSSINGS), LLC			
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(n) <u></u>	Mailing address of limited liability co	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	4 Liberty Lane West	4 Liberty Lane West	4 Liberty Lane West			
	Hampton, N.H. 03842		Hampton, N.H. 03842	Hampton, N.H. 03842		
	6/1/2020		L20000141558			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a)	McGuiness, Shane					
2. (47	Registered Agent and Registered Office shown on the records of t	he Florida Dept	t. of State:			
			20: SE 1			
	Registered Office Address (MUST BE FLORIDA STREET A	TAL 22 H				
	1560 N. Orange Ave, Suite 30	2022 HAR 29 SECRETAR TALLAHA	क्ष्मान्त्र स्टब्स्टन्स् हे हैं			
	Winter Park .Ft.	32789	9 <u>~</u> ~			
(b)	COGENCY GLOBAL INC.		9 AMIO: 49 ASSEE, FL			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	TE 49				
	115 North Calhoun Street, Suit	e 4				
	NEW Registered Office Address:					
		<u></u>				
	Tallahassee, FL	3230	1			
the chagent was/w	fimited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia tere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registered bility compa f the limited	d office and the business office of the my, it is hereby confirmed that the ch liability company or as otherwise pro	registere ange(s)		
	/s/ Justin Vartanian		Justin Vartanian			
-	ature of a member or authorized representative of a member		Printed or typed name of signee			
I here provis the ob	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided	ee to act in th performance I for in Chan	his capacity. I further agree to comp of my duties, and I am familiar with oter 605 F.S. Or if this document is a	ly with the and accep being tile		

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/ Michael Carlisle

Signature of Registered Agent

Michael Carlisle, Assistant Secretary