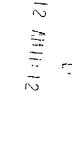
(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(,									
(Document Number)									
,									
Certified Copies Certificates of Status									
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Special 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#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	12/09/2024							
Name:	Cheyanne Davis	_						
Reference #	2561183	_						
		CES INTERNATIONAL, LLC						
☐ Articl	es of Incorporation/Authorization	to Transact Business						
☐ Amer	ndment							
✓ Chan								
☐ Reins	statement							
☐ Conv	version							
☐ Merg	Merger Merger							
☐ Dissolution/Withdrawal								
☐ Fictiti	ious Name							
☐ Othe	Γ							
Authorized A	Amount: \$25.00							
Signature:	(Unum Paine							

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

I. t	(H) (EIC	ι.							
1.	Na	ame of the limited liability company:	AMBASSA	ADOR	SERVIC	CES INT	ERNA	OIT	NAL, LLC
2.	(a)			(b)	1				
J. (W)		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<u> </u>	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		No Change		_	No Chan	ge		_	
3.		Date of filing/registration in	Florida	- 4.		Document r	number		
		Corporation Sonice Company							
5. (a		Registered Agent and Registered Office show		he Florida	Dent_of State				
		1201 Hays Street	n on the records on t	ne i kana	rejai or cause	•			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)							
		Registered Office Address	ONIDATOTREETA	11/1/11/11/13/3/			-40°	202	
							AC.	2024 DEC 12	
		Tallahassee	, FL	32301	-2525	\			1 1 ***********************************
	(b)	COGENCY GLOBAL INC.					LAHASSEE.		j
		Enter name of NEW Registered Agent and/o	or NEW Registered	Office add	ress:		in S	<u>=</u>	
		115 North Calhoun St., Suite 4					FL	AH 11: 02	
		NEW Registered Office Address:							
			··········	20204					
		Tallahassee	, FL	32301					
th ag wa	e cha ent v as/we	imited liability company is not organizinge or changes are made, the Florida swill be identical. Or, in the case of a Fere authorized by an affirmative vote orcles of organization or the operating a	street address of Torida limited lia of the members o	the regis ibility co f the limi	tered office mpany, it is ted liability	and the bus hereby con company o	siness of firmed tl	fice of nat the	the registered change(s)
/s/ Casey O'Connor				Casey O'Connor Authorized Person					
	~	ture of a member or authorized representative of				Printed or typ		·	
pr th to	ovisi e obl merc	by accept the appointment as registere ons of all statules relative to the proper igations of my position as registered a ely reflect a change in the registered of in writing of this change.	ed agent and agree er and complete gent as provided office address, 1 h	ee to act performa I for in C iereby co	in this capa ince of my a hapter 605, nfirm that t	icity. I furth hities, and I F.S. Or, if he limited li	ier agree am fami this doc iability c	r to cor liar wi ument ompan	nply with the th and accept is being filed y has been

Timothy Mayville

Signature of Registered Agent

Timothy Mayville, Assistant Secretary
Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314
FILING FEE: \$25.00