L20000277850

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
(Oity/State/Zip/i Hone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

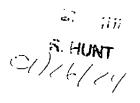
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

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

Date:	01/26/2024		
Name:	Patrice Rush		
	#:2242019		
	ne: KENT ROAD STRAT	EGIES LLC	
	cles of Incorporation/Authorization to Transa	ct Business	(3) 24
Ame	endment		
✓ Cha	ange of Agent	S.S.	ion See t
☐ Rei	nstatement	سر دن اربان	AH 10: 27
☐ Cor	nversion	J.E.	27
☐ Mer	rger		
☐ Diss	solution/Withdrawal		
☐ Fict	titious Name		
Oth	ner		
Authorized	d Amount: \$25.00		
Signature:	(Partole		

F: 800.944.6607

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. N	Name of the limited liability company: KENT F	ROAD :	STRATEGIES LLC
2. (a		(b))
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\ ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	_	No Change
	September 14, 2020		L20000277850
3.	Date of filing/registration in Florida	 4.	Document number
5. (a	, Wedner, Anne Terman		
٥. رد	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of State:
	1009 Grand Isle Terrace		
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)	2
	Palm Beach Gardens , F	_{L_} 33418	3
(b	COGENCY GLOBAL INC.		
•	Enter name of NEW Registered Agent and/or NEW Registered	ed Office add	dress:
	115 North Calhoun St., Suite 4		AH IO: 2:
	NEW Registered Office Address:		7E
	Tallahassee F	FL_32301	
the clagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	of the regist liability cons of the limi	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) inted liability company or as otherwise provided in
/s/ Tiffany Schriner			ny Schriner
Signature of a member or authorized representative of a member			Printed or typed name of signee
provi the o to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provic rely reflect a change in the registered office address, ed in writing of this change.	gree to act te performa ded for in C I hereby co	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been

Michael Carlisle, Assistant Secretary

Division of Corporations P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

/s/ Michael Carlisle