L20000341014

-			
(Re	questor's Name)		
(Ád	dress)		
(Ad	dress)		
-			
(Cit	y/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	isiness Entity Nar	ne)	
ters -			
(Do	ocument Number)		
Certified Copies Certificates of Status			
Special Instructions to	Filing Onicer		
`.			
į 1			
	 		
	Δ# II Δ	1	



100427619071

FILED

2024 HAY 16 AM 9: 55





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:05/	16/2024		
Name:	Patrice Rush	_	
	2372157	<u> </u>	
Entity Name: THE SEGOVIA GROUP LLC			
Articles of	f Incorporation/Authorization	n to Transact Business	
☐ Amendme	ent		
✓ Change or	f Agent		
Reinstate	ment		
☐ Conversio	on		
Merger			
☐ Dissolutio	n/Withdrawal		
Fictitious I	Name		
Other			
Authorized Amou	unt:\$25.00		
Signature:	(Pall		

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.

l. Na	nne of the limited liability company:	THE	SEGOVIA GROUP LLC
2. (a)	840 Coral Way	(b)	840 Coral Way
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (*,	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	Coral Gables, FL 33134		Coral Gables, FL 33134
	11/05/2020		L20000341014
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORDOVA, ANGEL D		
	Registered Agent and Registered Office shown on the records of t 780 N.W. 42ND AVE STE. 325	the Florida Depi	t. of State:
	Registered Office Address (MUST BE FLORIDA STREET :	(ADDRESS)	
			202
	Miami , FL	33126	FILED MAY 16 AM 9: 55 TALLAHASSEE FLORID
(b)	Cogency Global Inc.		→ SSEE - A
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address	E. FLOS
	115 North Calhoun Street, Suite 4	1	9: 55
	NEW Registered Office Address:)
	Tallahassee F1	3230°	
	Tallahassee	3230	<u> </u>
the cha agent v was/wa	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the registere ability compa of the limited	d office and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided in
Carlos	Segovia		CARLOS SEGOVIA
Signa	ture of a member or authorized representative of a member	<u> </u>	Printed or typed name of signee
provisi the obl to mer notified	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided elv reflect a change in the registered office address, I has in writing of this change.	vee to act in t performance d for in Chap hereby confi	his capacity. I further agree to comply with the e of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed om that the limited liability company has been
	Assistant Secretary		
Signatu	re of Registered Agent		

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00