## L200003510384

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	City/State/Zip/Phone #)
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F: 866.625.0839

COGENCYGLOBAL.COM

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

Date:	11/05/2024	
Name:	Cheyanne Davis	_
Reference #	2520213	_
	A1A N OC	EAN BLVD LLC
	es of Incorporation/Authorization	
☐ Amen	dment	
✓ Change	ge of Agent	
Reins	tatement	
☐ Conve	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
Fictition	ous Name	
Other		
Authorized A	mount: \$25.00	<u></u>
Signature: _	Oryma Paire	



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 **Payre** at 850-202-9071

Date:11/	05/2024	
Name:	Cheyanne Davis	_
Reference #:	2520213	<u> </u>
	A1A N O	CEAN BLVD LLC
	Incorporation/Authorization	
☐ Amendme	ent	
Change o	f Agent	
Reinstate	ment	
Conversion	n	
Merger		
☐ Dissolutio	n/Withdrawal	
Fictitious	Name	
Other		
Authorized Amou	unt: \$25.00	
Signature:	Ohyma 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.

	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	No Change	No.	o Change
	November 10, 2020		L20000356384
	Date of filing/registration in Florida	4.	Document number
)	MOORE, GARETH		
,	Registered Agent and Registered Office shown on the records of	f the Florida Dep	ot, of State:
	2197 N OCEAN BLVD		
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRESS)	
	FORT LAUDERDALE F	33305	2.624
	COGENCY GLOBAL INC.		7.5341.0
ļ		d Office address	<u>s</u> : ,
ļ	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Chice augres	
)	Enter name of NEW Registered Agent and/or NEW Registere  115 North Calhoun St., Suite 4	a Office aggress	· · · · · · · · · · · · · · · · · · ·
)		e conice aggres.	

/s/ Gareth Moore	Gareth Moore	Authorized Person	
Signature of a member or authorized representative of a member	Printed	for typed name of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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/ Timothy Mayville

Signature of Registered Agent