20000	3571760
(Requestor's Name) (Address) (Address)	800439047988
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	
Certified Copies Certificates of Status Special Instructions to Filing Officer:	
NOV - 6 2024	1212+
Office Use Only	PH12:54



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

Account#: 12000000088 If there are any issues please contact **Pathty** at 850-202-9071

Date:	11/05/2024
Date.	

Name: Cheyanne Davis

Reference #: 2520213

Entity Name: FT. LAUDERDALE HOME IMPROVEMENTS LLC

Articles of Incorporation/Authorization to Transact Business

	mendment
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√	Change	of	Agent
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## ] Merger

Dissolution/Withdrawal

Fictitious Name	
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] Other\_\_\_\_\_

Authorized Amount:	\$25.00
Signature:	yme Paine

€ EUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES, REGISTRY #8010712 6 LLOYDS AVE, UNIT 4CL LONDON EC3N 3AX +44 (0)20.3961.3080  ASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED A HONG KONG LIMITED COMPANY UNIT 8, I/F, LIPPO LEIGHTON TOWER 103 LEIGHTON RD, CAUSEWAY BAY HONG KONG F: +852.2682.9633 F: +852.2682.9790



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

Account#: 12000000088 If there are any issues please contact **(Fractinge** at 850-202-9071

Date: 11/05/2024

Name: Cheyanne Davis

Reference #: 2520213

Entity Name: FT. LAUDERDALE HOME IMPROVEMENTS LLC

Articles of Incorporation/Authorization to Transact Business

Change of Agent	_		
	√	Change	of Agent

	Reinstatement
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## \_ Merger

Dissolution/Withdrawal



Other\_\_\_\_

Authorized Am	iount:	\$25.00	
Signature:	Ohyme	Paine	_

EUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES. REGISTER 4601072 6 LLOYDS AVE, UNIT 4CL LONDON EC3N 3AX +44 (0)20.3961.3080 ASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED A HONG KONG LIMITED COMPANY UNIT B, I/F, LIPPO LEIGHTON TOWER 103 LEIGHTON RD, CAUSEWAY BAY HONG KONG P: +852.2682.9633 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.

Principal office address of limited liability company:	(b)	Mailing address of limited liability compar
( <u>Note: MUST BE STREET_ADDRESS</u> )		( <u>Note: MAY BE POST OFFICE BOX</u>
No Change	N	o Change
November 12, 2020		L20000357176
Date of filing/registration in Florida	4.	Document number
MOORE, GARETH		
Registered Agent and Registered Office shown on the record.	s of the Florida Dep	of State:
2145 BRICKELL AVE 19A		
Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	
		E
MIAMI	FL 33129	
COGENCY GLOBAL INC.		:
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office address	<u> </u>
115 North Calhoun St., Suite 4		
NEW Registered Office Address:		
	FL_32301	
	Principal office address of limited liability company: (Note: MUST BE STREET_ADDRESS) No Change No Change November 12, 2020 Date of filing/registration in Florida MOORE, GARETH Registered Agent and Registered Office shown on the record: 2145 BRICKELL AVE 19A Registered Office Address (MUST BE FLORIDA STRE) MIAMI COGENCY GLOBAL INC. Eatter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 115 North Calhoun St., Suite 4	(Note: MUST BE STREET ADDRESS)         No Change       No         November 12, 2020

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.

Signature of a member or authorized representative of a member

/s/ Timothy Mayville Signature of Registered Agent

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

Printed or typed name of signee