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Tc: Division of Corporations Fax Number : (850)617-6383 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA000000023 2092 Phone : (954)208-0845 Fax Number : (614)573-3996 NDF **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.** 2 ----(**1**) Email Address: 2 ŝ ယ္လ LLC REGISTERED AGENT CHANGE ACH CORPORATION OF AMERICA IV, LLC 0 Certificate of Status 2022 JUN -- 2 AM 11: 55 -----Certified Copy 1 02 Page Count \$55.00 Estimated Charge JUN 00 2022 M SOLOMON

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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.

		(b)	<u> </u>	
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	2054 Vista Parkway, Suite 300	205	2054 Vista Parkway, Suite 300	
	West Palm Beach, FL 33411	West Palm Beach, FL 33411		
	12/17-2020	L200	00390171	
	Date of filing/registration in Florida	4.	Document number	
(a)	Cogency Global, Inc			
	Registered Agent and Registered Office shown on the records of			
	115 North Calhoun			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) St. #4			
	Tallahassee	32301	12301 E <u>Cu</u>	
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(b)	C T Corporation System			22 JUN -
(b)	C T Corporation System			2022 JUN -2
(b)	C T Corporation System			
(b)	C T Corporation System			
(b)	C T Corporation System Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>			22 JUN - 2 PM 12: 33

the articles of organization or the operating agreement of the limited liability company. lexpress. Signature of potenther or authorized representative of a member

Joe Davis, Manager

Printed or 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. Thereby confirm that the limited liability company has been notified in writing of this change. C T Corporation System/

_Michele Holden, Asst Sect.

Signature of Registered Agent

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314 FILING FEE: \$25.00

Βv