L21000125511

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| NOV - 6 2024 |

Office Use Only



700439047997







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 Platripe, at 850-202-9071

| Date: | 11/05/2024 | |
|--------------|----------------------------|------------------------------|
| Name: | Cheyanne Davis | |
| Reference # | 2520213 | |
| | :: | EIRE MIAMI LLC |
| | | |
| Article | es of Incorporation/Author | ization to Transact Business |
| ☐ Amer | ndment | |
| ✓ Chan | ge of Agent | |
| ☐ Reins | statement | |
| ☐ Conv | ersion | |
| ☐ Merg | er | |
| Disso | olution/Withdrawal | |
| Fictiti | ous Name | |
| Othe | ſ | |
| | | |
| Authorized A | Amount: \$25.00 | <u>)</u> |
| Signature: _ | Ohyma Paine | |



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Account#: I20000000088
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| Date: | 11/05/2024 | |
|--------------|-------------------------------|-------------|
| | Cheyanne Davis | |
| Reference #: | 2520213 | |
| | EIR | E MIAMI LLC |
| | s of Incorporation/Authorizat | |
| Amen | dment | |
| Change | ge of Agent | |
| ☐ Reinst | atement | |
| ☐ Conve | ersion | |
| ☐ Merge | г | |
| ☐ Dissol | ution/Withdrawal | |
| Fictition | ous Name | |
| Other_ | | |
| | | |
| Authorized A | mount: \$25.00 | |
| Signature: | Chyma Paine | |

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.

| Principal office address of limited liability (Note: MUST BE STREET ADDR | company: | (b) | Mailing address of limited lie (Note: MAY BE POST Q | |
|---|-------------------------|----------------|--|--------------------|
| No Change | | No Ch | ange | |
| March 17, 2021 | | | L21000125571 | |
| Date of filing/registration in Flo | rida 4. | | Document number | _ |
| MOORE, GARETH | | | | |
| Registered Agent and Registered Office shown on | the records of the Flor | da Dept. of Si | tate: | |
| DATE DOLONELL AND A | | | | |
| 2145 BRICKELL AVE 19 A | | | | |
| Registered Office Address (MUST BE FLOR.) | IDA STREET ADDRE | <u>SS)</u> | | |
| | IDA STREET ADDRE | | | 16.00 |
| MIAMI | | | | THERE |
| Registered Office Address (MUST BE FLOR | . FL 3312 | 29 | | ; |
| Registered Office Address (MUST BE FLOR. MIAMI COGENCY GLOBAL INC. | . FL 3312 | 29 | | ; |
| MIAMI COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NE | . FL 3312 | 29 | | 20141.2, (1.10: 18 |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ Gareth Moore

Signature of a member or authorized representative of a member

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. I hereby confirm that the limited liability company has been notified in writing of this change.

/s/ Timothy Mayville

Signature of Registered Agent