L21000208606

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

Office Use Only



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TANACET OF SIGE

FILED



116 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 Cheyanne at
850-202-1882

Date:	01/07/2025				
	Cheyanne Davis	<u> </u>			
Reference #	2593530	<u> </u>			
	LPGA	GAMING, LLC			
	es of Incorporation/Authorizatio				
Amen	ndment				
✓ Chan	ge of Agent				
Reins	statement				
Conversion					
☐ Merge	er				
☐ Disso	lution/Withdrawal				
Fictition	ous Name				
Other	·	<u> </u>			
Authorized A	mount: \$25.00				
Signature:	(Churme 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.

Z. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	No (Change
	May 4, 2021		L21000208606
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CAPITOL CORPORATE SERVICES, INC	. .	
J. (u)	Registered Agent and Registered Office shown on the records	of the Florida Dept. o	f State:
	515 EAST PARK AVENUE 2ND FLOOR		202!
	Registered Office Address (MUST BE FLORIDA STREET		
	STE. A		7025 JAN -7
	TALLAHASSEE	FL_32301	
(b)	COGENCY GLOBAL INC.		TSTATE FLORID
	Enter name of NEW Registered Agent and/or NEW Registe	red Office address:	I T
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	_{FL} 32301	
the cha agent v was/we the arti	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited at the authorized by an affirmative vote of the membericles of organization or the operating agreement of the authorized limits.	of the registered of Hiability company rs of the limited lia	office and the business office of the registered v. it is hereby confirmed that the change(s) ability company or as otherwise provided in v company.
-	-		
Signal 1 here.		M Ekzabeth M	Printed or typed name of signee

/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