## L210002103911

(	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 I	Filing Officer:
	J. HORNE
	J. HORNE NOV - 6 2024

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

Date:	11/05/2024	
Name:	Cheyanne Davis	
Reference #:	2520213	
Entity Name:	2307 N (	DCEAN LLC
Article	s of Incorporation/Authorization t	o Transact Business
Amen	dment	
✓ Chang	ge of Agent	
☐ Reinst	tatement	
Conve	ersion	
☐ Merge	er .	
☐ Dissol	ution/Withdrawal	
Fictition	ous Name	
Other_		
Authorized A	mount: \$25.00	
Signature:	Chyma Paine	



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

Date:	11/05/2024	
Name:	Cheyanne Davis	
Reference #:_	2520213	
	2307 N	OCEAN LLC
	s of Incorporation/Authorization	
Amend	Iment	
✓ Change	e of Agent	
Reinsta	atement	
Conver	rsion	
Merger		
Dissolu	ution/Withdrawal	
Fictition	us Name	
Other_	<del></del>	
Authorized An	mount: \$25.00	
Signature:	( Jugan 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.

a)		(b)		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		•	dress of limited liability company: MAY BE POST OFFICE BOS
	No Change	_	No Change	
	June 7, 2021		L2100 <u>0</u> 2	63911
	Date of filing/registration in Florida	4.	Docume	ent number
(a)	MOORE, GARETH			
,	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of State:	
	2145 BRICKELL AVE 19 A			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	-	19
				20241.
	MIAMI	33129		• ;
	MIAMI	FL_00120		
	COGENCY GLOBAL INC.			1:
))	Enter name of NEW Registered Agent and/or NEW Register	red Office a <u>dd</u>	ress:	5
				1.10.05
	115 North Calhoun St., Suite 4			C.
	NEW Registered Office Address:			
	Tallahassee	<sub>FL_</sub> 32301_		
cha nt v /we	Tallahassee  imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the companion of of the co	of the regist Hiability cons Sof the limi	ered office and the npany, it is hereby ted liability compa	business office of the r confirmed that the char
	areth Moore	/s/	Gareth Moore	Authorized Person
	ture of a member or authorized representative of a member		Printed o	r typed name of signee

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.

/s/ Timothy Mayville

Signature of Registered Agent