L21000385422

Mūs.	
(Req	uestor's Name)
- (Addi	ress)
(Add	ress)
- (City)	/State/Zip/Phone #)
· ·	WAIT MAIL
(Busi	iness Entity Name)
y No. "Y	<u> </u>
(Doc	ument Number)
Certified Copies	Certificates of Status
Special Instructions to F	iling Officer
	J. HORNE JOH
	2. CT 12.
	Office Use Only
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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 Patrice at 850-202-9071

Date:10	0/11/2024	
Name:	Cheyanne Davis	
Reference #:	2523506	. <u></u>
Entity Name:	DIVERSI	CON WFF, LLC
Articles	of Incorporation/Authorization	n to Transact Business
☐ Amendm	nent	
✓ Change	of Agent	
Reinstat	ement	
☐ Convers	ion	
☐ Merger		
Dissoluti	on/Withdrawal	
☐ Fictitious	s Name	
Other		
Authorized Amo	ount: \$25.00	
Signature:	Unyme Paire	

F: 800.944.6607



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

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	10/11/2024						
	Cheyanne Davis	_					
Reference #	2523506						
	e:DIVERS	SICON WFF, LLC					
Articl	es of Incorporation/Authorization	on to Transact Business					
Amer	ndment						
✓ Char	nge of Agent						
Reins	statement						
☐ Conv	☐ Conversion						
Merger							
☐ Dissolution/Withdrawal							
☐ Fictiti	ious Name						
Othe	r						
Authorized /	Amount: \$25.00						
Signature:	(Chum Paire						

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

Name of the limited liability company:			Diversicon WFF, LLC			
		6500 E. BROADWAY AVE		(b)	6500 E. BROADWAY AVE	
(4	*/ -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		\VI	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		TAMPA, FL 33619	··		TAMPA, FL 33619	
				_		
		08/27/2021			L21000385422	
3.		Date of filing/registration in Florida	4.		Document number	
5. (a)	CAPITOL CORPORATE SERVICES	S, INC.			
\		Registered Agent and Registered Office shown on the records o	f the Flor	ida Dept. of St	ate:	
		515 EAST PARK AVENUE, 2ND FL				
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		TALLAHASSEE , F	L	32301	2024 00° 11	
t i	b)	Cogency Global Inc.				
,,		Enter name of NEW Registered Agent and/or NEW Registere	d Office	address:	- :	
	115 North Calhoun Street. Suite 4				_	
		<u>NEW</u> Registered Office Address:			0.2	
					_	
		Tallahassee F	L	32301	.—	
the dager was/	zhai it w /we	mited liability company is not organized under the lange or changes are made, the Florida street address crill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	of the re liability of the l	gistered offi company, it imited liabil	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
		Toru Beerle			Tom Beerle	
	-	ure of a member or authorized representative of a member			Printed or typed name of signee	
prov the o to m	risio obli rere	ey accept the appointment as registered agent and agons of all statutes relative to the proper and complet gations of my position as registered agent as provid Ty reflect a change in the registered office address. It is writing of this change.	gree to de perfoited for it hereby	act in this commone of m mance of m of Chapter 60 of confirm the	pacity. I further agree to comply with the v duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	

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

Katie Nicholson, Assisant Secretary

KataMiciolom

Signature of Registered Agent