## L21000458012

(f	Requestor's Name)	
()	Address)	
()	Address)	
((	City/State/Zip/Phone #)	
□ pioyyup	<b>—</b>	<b>—</b>
PICK-UP	WAIT	MAIL
(8	Business Entity Name)	
	Document Number)	
Certified Copies	Certificates of St	atus
,		<del></del>
Special Instructions to F	iling Officer:	
	NUV - 6 2024	
	NV. TRNE	-
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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 Pathy at 850-202-9071

Date:	11/05/2024				
Name:	Cheyanne Davis	_			
Reference #:	2520213	<u> </u>			
	2301 N O	CEAN BLVD LLC			
☐ Article	s of Incorporation/Authorization	to Transact Business			
Amen	dment				
Change     Ch	ge of Agent				
☐ Reinst	tatement				
☐ Conversion					
☐ Merger					
☐ Dissolution/Withdrawal					
☐ Fictitio	ous Name				
Other_					
Authorized A	mount: \$25.00				
Signature:	Chyma Pains				



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 Parpe at 850-202-9071

Date:	11/05/2024				
Name:	Cheyanne Davis				
Reference #	2520213				
	2301 N OC	EAN BLVD LLC			
☐ Article	es of Incorporation/Authorization t	o Transact Business			
Amer	ndment				
Change of Agent					
Reinstatement					
☐ Conversion					
☐ Merg	er				
☐ Dissolution/Withdrawal					
☐ Fictiti	ous Name				
Other					
Authorized A	Amount: \$25.00	<u></u>			
Signature:	(Ohuma Paine				



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.

2. (a)			(b)		
(u)	Principal office address of limited (Note: MUST BE STREET			Mailing address of limit (Note: MAY BE PO	
	No Change		<u>No</u>	Change	
	October 20, 2021		_	L21000458012	
3.	Date of filing/registration	in Florida	4.	Document number	r
5. (a	, MOORE, GARETH				
-, (	Registered Agent and Registered Office sh	own on the records o	f the Florida Dept.	of State:	
	2145 BRICKELL AVE 19 A				
	Registered Office Address (MUST BE	FLORIDA STREET	ADDRESS)	<del></del>	_
					L- ] C- ] L-3
	MIAMI		, 33129		Fig. 1
(h)	COGENCY GLOBAL INC.  Enter name of NEW Registered Agent on	d/or <u>NEW Registere</u>	d Office address:	<del></del>	
	115 North Calhoun St., Suite	e 4			:
	NEW Registered Office Address:	_			
	Tallahassee	, F	<sub>L</sub> 32301		
the ch agent was/w	limited liability company is not orga ange or changes are made, the Floric will be identical. Or, in the case of a vere authorized by an affirmative vot ticles of organization or the operating	la street address of a Florida limited l e of the members	of the registered liability compar of the limited I	office and the business only, it is hereby confirmed inbility company or as of	office of the registered that the change(s)
	/s/ Gareth Moore Gareth Mo		n Moore Authorized	ore Authorized Person	
	ature of a member or authorized representative	ve of a member		Printed or typed name	of signee
provis the ob to mei	thy accept the appointment as registations of all statutes relative to the problem on a registere of my position as registered by reflect a change in the registered of in writing of this change.	ered agent and as oper and complet d agent as provid d office address, i	ree to act in the e performance of ed for in Chapt Thereby confirm	is capacity. I further agr of my duties, and I am far er 605, F.S. Or, if this do n that the limited liability	ree to comply with the miliar with and accep- ocument is being filed company has been

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

/s/ Timothy Mayville