## 121000482975

(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:				

Office Use Only



000377527060

2021 FTC 22 AM IO: 53

TARY OF STATE
TARY ASSEE, FL

2021 DEC 22 PM 4: 40

Y SULKER DEC 27 2021



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 866.625.0838 COGENCYGLOBAL.COM

Account#: I20000000088

Date: <b>December 22, 2021</b>		Accounting 1200000000		
Name: David S	Shulman			
Reference #:	1553676			
Entity Name:	KINGS	LEGACY HOLDINGS, LLC		
Articles of Incorpo	oration/Authoriz	ation to Transact Business		
Amendment				
✓ Change of Agent		ISSUES? CALL		
Reinstatement		David:		
Conversion		850-270-0082		
Merger				
☐ Dissolution/Witho	Irawal			
☐ Fictitious Name				
Other	<del>1=1</del>			
Authorized Amount:	\$25.0	0		
Signature:	David Shulman			

+1,212,947,7200

## 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 compar (Note: MUST BE STREET ADDRESS)	ny:	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)			
	No Change	No.	o Change			
	November 12, 2021		L21000482975			
	Date of filing/registration in Florida	4.	Document number			
(a)	CT Corporation System					
, (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:					
	1200 South Pine Island Road					
	1200 South Pine Island Road  Registered Office Address (MUST BE FLORIDA STI	REET ADDRESS)				
		REET ADDRESS)	<u> </u>			
(b)	Registered Office Address (MUST BE FLORIDA STI	22224	2021 CTC 22			
(b)	Registered Office Address (MUST BE FLORIDA STI	_, FL_33324	PRICTO 22 M			
(b)	Registered Office Address (MUST BE FLORIDA STI	_, FL_33324	PRIETO 22 MIO: 5			
(b)	Plantation  COGENCY GLOBAL INC.  Enter name of NEW Registered Agent and/or NEW Reg	_, FL_33324	7021 CTC 22 AM 10: 53 TARY OF STATE			

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/	Ro	bert I	L. Stark	
-----	----	--------	----------	--

Robert L. Stark

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/ Tim Mayville

Signature of Registered Agent

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