L24000520269

(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.				

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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 Cheyanne at
850-202-1882

Date: 01/07/2025				
Name: Cheyanne I	Davis			
Reference #: 2593	530			
Entity Name: SE TYSON AVE, LLC				
Articles of Incorporation				
mendment				
Change of Agent				
Reinstatement				
Conversion				
Merger				
☐ Dissolution/Withdrawal				
Fictitious Name				
Other				
Authorized Amount:	\$25.00			
Signature: Unyma Pa	iu.			

F: B00.944,6607

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.

1. N	ame of the limited liability company: SE TYS	ON AVE,	, LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	<u>No</u>	Change
_	December 9, 2021	- , —	L21000520269
3.	Date of filing/registration in Florida	4.	Document number
5. (a)		_	·
	Registered Agent and Registered Office shown on the records of 401 EAST JACKSON STREET	f the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	SUITE 2100		ZOZS
	TAMPA , Fi	33602	FILLAHASSI
(b)	COGENCY GLOBAL INC. Enter name of NEW Registered Agent and/or NEW Registered 115 North Calhoun St., Suite 4 NEW Registered Office Address:	d Office address:	JAN -7 PM 4: 29 AHASSEE, FLORIDA
	Tallahassee, FI		
Signa I here provise the oblito mercified is Interested in Interested i	imited liability company is not organized under the la inge or changes are made, the Florida street address o will by identical. Or, in the case of a Florida limited light in the case of a Florida limited light in the case of a Florida limited light in the case of the members iclessof organization or the operating agreement of the ture of a member of unforted representative of a member by accept the appointment as registered agent and agents of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	two of the State of the registered iability compan of the limited lie e limited liability free to act in the eperformance of ed for in Chapte hereby confirm	office and the business office of the registered by, it is hereby confirmed that the change(s) is ability company or as otherwise provided in ty company.
	Timothy Mayville, Assistant	•	N. L
	Division of Corporations P.O. FH.ING F	Box 6327● Tal FEE: \$25.00	Hahassee, FL 32314