L22000006610

	(Requestor's Name)				
(Address)					
	(Address)				
<u> </u>	(City/State/Zip/Phone #)				
PICK-UF	wait	MAIL			
	(Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of	Status			
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TANASSEE FLORID





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

Account#: I20000000088

Date:0	8/31/2023		
Name:	KEN		
Reference #:_	2043483		
Entity Name: IDEAL INSURANCE AGENCY LLC			
☐ Articles	of Incorporation/Authorizati	on to Transact Business	
Change	of Agent		
Reinsta	tement		
☐ Conver	sion		
☐ Merger			
☐ Dissolu	tion/Withdrawal		
☐ Fictitiou	is Name		
Other_			
Authorized Am	nount:\$25.00		
Signatu <u>re:</u>			
			

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

rioria	ame of the limited liability company:IDEAL	INICHE	ANCE AGENCY LLC
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	(b) <u>.</u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change		No Change
	December 28, 2021		L22000006610
3.	Date of filing/registration in Florida	4,	Document number
5. (a	CORPORATION SERVICE COMPANY		
5. (a	Registered Agent and Registered Office shown on the record	ds of the Florida D	Dept. of State:
	1201 HAYS ST.		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
			2028
	TALLAHASSEE	, FL_32301	F- L 2023 SEP -1 TÄLLAHASSI
(b)	COGENCY GLOBAL INC.		<u> </u>
	Enter name of NEW Registered Agent and/or NEW Regist	tered Office addr	
	115 North Calhoun St., Suite 4		: 41 ORIDA
	NEW Registered Office Address:		
	Tallahassee	, _{FL} 32301	
the chagent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the membiticles of organization or the operating agreement of	ss of the registe ed liability com ers of the limite	ered office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
/s/ Christine Sandy-Hughes		Christ	ine Sandy-Hughes
Sign	ature of a member or authorized representative of a member		Printed or typed name of signee
provi: the ob to me	eby accept the appointment as registered agent and sions of all statutes relative to the proper and comp oligations of my position as registered agent as pro rely reflect a change in the registered office addres ed in writing of this change.	I agree to act in pleie performan wided for in Ch is, I hereby con	n this capacity. I further agree to comply with the uce of my duties, and I am familiar with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been

Signature of Registered Agent

/s/ Tim Mayville