L22000079868

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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
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date: 07/1	1/2024	(850) 202-1882
Name: C	heyanne Davis	
Reference #:	2406422	
	223 FP	NVESTOR, LLC
	ncorporation/Authorizatio	
Amendmer	nt	
✓ Change of	Agent	
Reinstatem	ent	
Conversion	ı	
☐ Merger		
☐ Dissolution.	Withdrawal	
Fictitious N	ame	
Other		
Authorized Amour	nt: \$25.00	
Signature:	Chuyun Res	



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. Na	ame of the limited liability company: 223 FP	INVES	TOR,	LLC		
2. (a)		(b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limit (Note: MAY BE POS		• • •
	No Change	·	No Cha	nge		
	February 25, 2022			L22000079868		
3.	Date of filing/registration in Florida	4.		Document number	•	
5. (a)	CORPORATION SERVICE COMPANY					
J. (u)	Registered Agent and Registered Office shown on the records of	the Florida I	ept, of Sta	- te:		
	1201 HAYS STREET			,	2	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		- : ::	2024 JUL	d k
	TALLAHASSEE	32301		- : -	_	
(b)	COGENCY GLOBAL INC.			- :	AH 10: 5	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addi	ress:	m.	52	
	115 North Calhoun St., Suite 4			_		
	NEW Registered Office Address:					
	Tallahassee	 1_32301	•	_		
				- 	.=	
the cha agent v was/we the arti	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regist iability cor of the limit c limited lia	ered offic upany, it ted liabili ability co	te and the business of is hereby confirmed ty company or as oth inpany.	office of that the	the registered change(s)
	/s/ Darren Peltz Darre Signature of a member or authorized representative of a member			Printed or typed name of signee		
I here provisi the obl to mero notified	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. It is writing of this change. m Mayville	ree to act i e performa ed for in Ci hereby coi	n this cap nee of my hapter 60 nfirm thai	• •	-	
Signatu	re of Registered Agent					

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