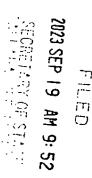
## L22000253205

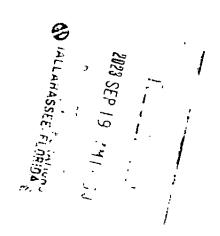
	(Requestor's Name)				
	(Address)				
	(Address)				
	(City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
	(Business Entity Name)				
	(Document Number)				
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
	J DEN. UT				
SEP 2 0 2023					

Office Use Only



400415812384





## 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.

2. (a)		(b)			
(,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			•	limited liability company: E POST OFFICE BOX
	No Change	_	No Cha	ange	
	June 2, 2022	_		L22000253205	<u></u>
3.	Date of filing/registration in Florida	4.		Document nur	nber
5. (a)	CT CORPORATION SYSTEM				
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of St	ate:	
	1200 SOUTH PINE ISLAND RD				
	Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS)			<b>~</b> 3
					923 SE
	PLANTATION, FI	33324		_	FILED 2023 SEP 19 AM SEGRETARY OF A
(b)	COGENCY GLOBAL INC.				PIO
	Enter name of NEW Registered Agent and/or NEW Registered	l Office add	ress:		
	115 North Calhoun St., Suite 4		,		9: 52 STATE
	NEW Registered Office Address:				
	Tallahassee FI	32301			
the cha agent : was/w	imited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	ws of the f the regis ability co of the limi	ered offi npany, it ted liabil	ice and the busin t is hereby confir lity company or a	ess office of the registered med that the change(s)
	Quentin Ellis	(	uentin Elli	s Authorized Persor	ı
Signa	ture of a member or authorized representative of a member			Printed or typed	name of signee
Lhere provis the ob-	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 ly reflect a change in the registered office address. I	ree to act performa d for in C hereby co	in this ca nce of m hapter 60 ntirm tha	ipacity. I further y duties, and I ar 05, F.S. Or, if th it the limited liab	agree to comply with the namiliar with and accept is document is being filed will to be the filed will be the filed will be filed will be filed will be filed with the filed will be filed will be filed with the filed will be filed will be filed with the filed will be filed will be filed with the filed will be filed with the filed will be

Timothy Mayville, Assistant Secretary

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

Signature of Registered Agent