Laamaaao13

(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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of 2/20/2023



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

Account#: 120000000088

Date:	02/17/2023		
	Marcel Ogbonna-	Amu	
Reference	#:191166	5	
	me:		
	icles of Incorporation/Au nendment	thorization to Transact Business	
✓ Char	ange of Agent		ANY ISSUES, CALL MARCEL:
Rei	instatement		(518) 213 - 0826
Co	nversion		Thank you!
☐ Me	rger		
☐ Dis	solution/Withdrawal		
☐ Fic	titious Name		
Oth	ner		
Authorized	d Amount: \$2	5.00	
Signature	. Howelog	borner dans	

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT:	LOC G98 SI, LLC
		ame of Limited Liability Company
Dear S	Sir or Madam:	
The en	iclosed Registered Agent/Registered O	ffice Change and fee(s) are submitted for filing.
Please	return all correspondence concerning t	this matter to the following:
	Raymond Catone	
	Name of Person	
	Las Olas Capital Advisors,	, LLC
	Firm/Company	
	888 East Las Olas Boulevard,	Suite 200
	Address	
	Fort Lauderdale, FL 333	301
	City/State and Zip Code	
	compliance@cogencygloba	
	ther information concerning this matte	•
701 101	the mornation concerning this mate	ar prease can.
	Raymond Catone	at (<u>954</u>) <u>2894690</u>
	Name of Person	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
	Enclosed is a check for the followin	ng amount:
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

1NHS18 (2/14)

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	ime of the limited liability company:		LOC G98 SI, LLC
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	STE 1200		STE 1200
	FORT LAUDERDALE, FL 33301	 .	FORT LAUDERDALE, FL 33301
	06/21/2022		L22000282013
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATION SERVICE COM	PANY	
(,	Registered Agent and Registered Office shown on the records of t	he Florida I	Dept. of State:
	1201 HAYS STREET		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	S 2
	STE 1200	023 F	
	TALLALHASSEE , FL	323	2023 FEB 17
(b)	COGENCY GLOBAL INC.		BO1 B 17 PM 1:45
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	ess:
	115 North Calhoun Street, Suit		
	NEW Registered Office Address:		
	Tallahassee , FL	32:	201

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.

Rymorel Catone Raymond Catone 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.

Signature of Registered Agent