## 122000296688

(Danuariada Nama)				
(Requestor's Name)				
(Address)				
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(* 102.022)				
(City/State/Zip/Phone #)				
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2024 DEC -4 PM 3: 42024 DEC -4 PM 4: 31

## 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

	ame of the limited liability company: WASH		I, PROPCO, 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 BON)
	No Change	<u></u>	No Change
	July 1, 2022		L22000296688
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Bengio, Jacob		
()	Registered Agent and Registered Office shown on the records	of the Florida D	rpt, of State:
	2901 STIRLING ROAD		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	SUITE #200		2024 DEC
	FORT LAUDERDALE	FL_33312	
(b)	COGENCY GLOBAL INC.		
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:		SE S
	115 North Calhoun St., Suite 4		PH 3: 47
	NEW Registered Office Address:		
	Tallahassee	32301	<del></del> _
	- I alianassee	<sub>FL</sub> 32301	
the cha agent v was/w	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the content of the conten	of the registe liability comes of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	acob Bengio		Bengio

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 registered after the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change.

/s/ Tim Mayville

Signature of Registered Agent

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