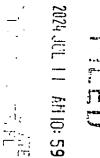
L22000 403 130

(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:					

Office Use Only



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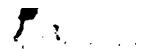


115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088
For any issues please contact
Cheyanne Davis
(850) 202-1882

Date: 07/11/2024	Cheyanne Davis (850) 202-1882
Name: Cheyanne Davis	
Reference #: 2406422	
Entity Name: 223 DB INVES	TOR, LLC
☐ Articles of Incorporation/Authorization to Tra	nsact Business
☐ Amendment	
Reinstatement	
Conversion	
☐ Dissolution/Withdrawal	
☐ Fictitious Name	
Other	
Authorized Amount: \$25.00	
Signature: Cruywe Re-	

F: 800.944.6607



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	nne of the limited liability company: 223 DB I	NVE	SIUH	R, 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 BOX)
	No Change	_	No Ch	ange
	September 16, 2022			L22000403130
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	CORPORATION SERVICE COMPANY			
	Registered Agent and Registered Office shown on the records of	he Florida	Dept, of S	tate:
	1201 HAYS ST			
	Registered Office Address (MUST BE FLORIDA STREET)	DDRESS	1	2024
	TALLAHASSEE, FL	32301	-2525	
(b)	COGENCY GLOBAL INC.			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	<u>lress</u> :	_ 31
	115 North Calhoun St., Suite 4			—
	NEW Registered Office Address:			
	Tallahassee . FL	32301		
the cha agent v was/wa	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regisability confithe limited I	tered off mpany, i ited liabi iability c	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
	Darren Peltz		Darren F	
	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obl to meri	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I I I in writing of this change.	ee to act perform I for in C ièreby co	in this co mee of n hapter 6 infirm the	apacity. I further agree to comply with the w duties, and I am familiar with and accep 105, F.S. Or, if this document is being filed at the limited liability company has been
	m Mayville			

Signature of Registered Agent

Tim Mayville, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: S25.00