L22000465486

(Requestor's Name)						
(Address)						
(Address)						
· ·						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Casinoso Char, Hanis)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



600406455036

AH 9: 31

1-721223



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

Account#: I20000000088

Date:	04/19/2023	
Name:	Chris Vick	
	1965932	
	me:WEST END	INDUSTRIES LLC
☐ Art ☐ Am ☑ Ch ☐ Re	icles of Incorporation/Authorizationendment ange of Agent instatement	
☐ Me	enversion erger essolution/Withdrawal etitious Name her	
	d Amount: \$25.00	

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	me of the limited liability company: WEST E	ND IN	<u>IDUS</u>	TRIES 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 Cha	ange	
	October 31, 2022	_		L22000465486	
3.	Date of filing/registration in Florida	4,		Document number	
5. (a)	UNITED STATES CORPORATION AGENTS	S, INC.			
.). (u)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of St	ate:	
	476 RIVERSIDE AVE.				7.07
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS			2023 AFK 1
	JACKSONVILLE .FL	32202		_	1 61
(b)	COGENCY GLOBAL INC.				AH 9: 3
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ado	ress:		<u></u>
	115 North Calhoun St., Suite 4			_	
	NEW Registered Office Address:				
	Tallahassee , FL	32301		_	
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ha ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regis ability co f the lim	tered offi mpany, it ited liabil	ice and the business off is hereby confirmed the fity company or as other	ice of the registered at the change(s)
/s/ Chris Sutton			Sutton		
Signa	ture of a member or authorized representative of a member			Printed or typed name of	signee
provisi the obl to mere notified	by accept the appointment as registered agent and agrous 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, 1 here writing of this change. The Mayville	ee to act performa I for in C vereby ca	in this ca noe of m hapter 60 nfirm tha	pacity. I further agree y duties, and I am famil 05, F.S. Or, if this doct at the limited liability co	to comply with the liar with and accep iment is being filed impany has been

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