## L22000534762

(Requestor's Name)				
	Address)	<del>_</del> -		
v	,			
(Address)				
	Day 104-1-17-10-10-1-11			
(C	City/State/Zip/Phone #)			
_	_	_		
PICK-UP	MAIT	MAIL		
(E	Business Entity Name)			
(Document Number)				
Certified Copies	Certificates o	f Status		
<del></del>	<del>.</del>			
Special Instructions to Fi	ling Officer:			
·		<u>.                                    </u>		



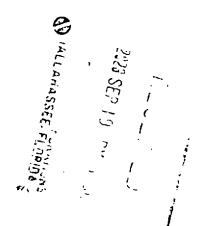


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FILED

2023 SEP 19 AM II: 26

DEPOSIT VISITE FLORIDA





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

Account#: I20000000088

Date:	09/19/2023			
	Xavian Brown	_		
Reference	#:2111557	<u> </u>		
	e: UES MILESTON	IE INSPECTIONS, LLC		
☐ Artic	eles of Incorporation/Authorization	to Transact Business		
☐ Ame	endment			
✓ Chai	nge of Agent			
☐ Rein	nstatement			
☐ Conversion				
☐ Merç	ger			
☐ Dissolution/Withdrawal				
☐ Fiction	tious Name			
☐ Othe	er			
Authorized	Amount: <b>\$25.00</b>			
Signature:	× 1300-			

## , 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)	me of the limited liability company:	(b)	
(a)	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	ipany:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change	No.	o Change
	December 27, 2022		L22000534762
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	CORPORATION SERVICE COMPA	NY	
J. (u)	Registered Agent and Registered Office shown on the	records of the Florida Dep	t. of State:
	1201 HAYS ST		
	Registered Office Address (MUST BE FLORIDA	STREET ADDRESS)	2023 SEP
	TALLAHASSEE	, <sub>FL</sub> 32301	<b>S8</b>
(b)	COGENCY GLOBAL INC.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW I</u>	Registered Office address	OF SIAIE
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	, <sub>FL</sub> 32301	
the cha agent v was/we the arti	will be identical. Or, in the case of a Florida I ere authorized by an affirmative vote of the micles of organization or the operating agreeme	ddress of the registere imited liability compa embers of the limited int of the limited liabi	ed office and the business office of the registered any, it is hereby confirmed that the change(s) liability company or as otherwise provided in lity company.
	Benjamin Butterfield		enjamin Butterfield
_	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agentions of all statutes relative to the proper and cligations of my position as registered agent as ely reflect a change in the registered office add in writing of this change.	t and agree to act in t complete performance provided for in Chap idress, I hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept oter 605, F.S. Or, if this document is being filed rm that the limited liability company has been

Tim Mayville, Assistant Secretary

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

INHS18 (2/14)

/s/ Tim Mayville
Signature of Registered Agent