L23000206855

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(Address)			
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COGENCYGLOBAL'	115 N CALHOUN ST., STE. TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM
	Account#: I200000008 If there are any issues please contact Cheyanr 850-202-1882
Date:11/26/2024	
Name: Cheyanne Davis	
Reference #:201213	
Entity Name: HILLCREST (
Reference #: 2561215 Entity Name: HILLCREST (Articles of Incorporation/Authorization to Training Amendment Amendment Change of Agent Reinstatement Conversion Merger Dissolution/Withdrawal	
Entity Name: HILLCREST (

- CORPORATE HQ COGENCY GLOBAL INC. 10 E 40^{°°} ST, 10^{°°} FL NY, NY 10016 D: +1.212.947.7200 P: 800.221.0102 F: 800.944.6607

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FEUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES, REGISTRY #8012712 6 LLOYDS AVE, UNIT 4CL LONDON EC3N 3AX +44 (0)20.3961.3080

ASIA PACIFIC HQ ASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED AHONG KONG LIMITED COMPANY UNIT B, I/F, LIPPO LEIGHTON TOWER 103 LEIGHTON RD, CAUSEWAY BAY HONG KONG P: +852.2682.9633 E: +852.2682.9633 F: +852.2682.9790

at

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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.

L N	ame of the limited liability company:	EST C	PCO LLC			
2. (a)		(b)				
	Principal office address of limited liability company; (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing add	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)		
	No Change		No Change	Change		
	April 26, 2023		L2300020	6855		
3.	Date of filing/registration in Florida	4.	Documer	nt number		
5. (a)	BENGIO, JACOB					
	Registered Agent and Registered Office shown on the records o	f the Florida	Dept, of State:			
	2901 STIRLING ROAD, STE 200					
	Registered Office Address (MUST BE FLORIDA STREET	<u>"ADDRESS)</u>				
	FORT LAUDERDALE, F	L_33312		2024 (
(b)				DEC -4		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office add	ress			
	115 North Calhoun St., Suite 4		FILED 2024 DEC -4 PH12: 32 TALLANASSEE, FLORID			
	<u>NEW</u> Registered Office Address:			32 RIDA		
	Tallahassee, F	L_32301				
the cha agent v was/w	limited liability company is not organized under the k ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the ! of the regist liability con of the limi	ered office and the l npany, it is hereby c ted liability company	business office of the registered confirmed that the change(s)		
/s/ Ja	acob Bengio		o Bengio			
Signa	ture of a member or authorized representative of a member	Printed or	Printed or typed name of signce			

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.

/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

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