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(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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Account#: 120000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	11/26/2024						
Name:	Cheyanne Davis						
Reference #	2561215						
Entity Name		CO HOLDINGS LLC					
☐ Article	es of Incorporation/Authorization t	o Transact Business					
Amen	dment						
Reins	tatement						
Conversion							
☐ Merger							
☐ Dissolution/Withdrawal							
Fictitious Name							
☐ Other							
Authorized A	mount: \$25						
Signature:	Olyma Paire						

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.

L Na	nme of the limited liability company: HILLO	REST C	PCO H	OLDINGS LLC
2. (a)		(b)		
- , , , , ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mai	ling address of limited tiability company: Note: MAY BE POST OFFICE BOX)
	No Change		No Change	e
	May 2, 2023		L23	000215873
3.	Date of filing/registration in Florida	4.	De	ocument number
5. (a)	BENGIO, JACOB			
J. (u)	Registered Agent and Registered Office shown on the records	of the Florida l	Dept. of State:	
	2901 STIRLING ROAD, STE 200			201
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)		PILED 2024 DEC -4 PM 12: 37 TALLAHASSEE, FLORIDA
	FORT LAUDERDALE	FL_33312		FILED LAHASSEE, FI
(b)	COGENCY GLOBAL INC.			D H IZ:
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office add	ress:	37)RND/
	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 inge 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 cles of organization or the operating agreement of the	laws of the S of the regist liability cor s of the limit	ered office ar upany, it is he ted liability co	nd the business office of the registered creby confirmed that the change(s) company or as otherwise provided in
/s/ Ja	cob Bengio	Jacob	Bengio	
	ture of a member or authorized representative of a member		Pr	inted or typed name of signee
provisi the obl to mere notified	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as providly reflect a change in the registered office address, I in writing of this change.	igree to act i we performa ded for in Ci I hereby coi	n this capaci nce of my dut hapter 605, F yirm that the	ty. I further agree to comply with the ies, and I am familiar with and accept .S. Or, if this document is being filed limited liability company has been
/s/ Tii	m Mayville			

Tim Mayville, Assistant Secretary

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00

Signature of Registered Agent