## L23000320566

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
(Oity/Otate/Zip/Frione #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

Date:	11/26/2024					
	Cheyanne Davis					
Reference #	2561215	- <del>-</del> -				
	MARTIN CO	AST HOLDCO LLC				
	es of Incorporation/Authorization					
Amen	dment					
✓ Change of Agent						
Reinstatement						
Conversion						
☐ Merger						
☐ Dissolution/Withdrawal						
Fictitious Name						
Other	· · · · · · · · · · · · · · · · · · ·					
Authorized A	.mount: \$25	<del></del>				
Signature:	Oryma Paine					

## 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	ame of the limited liability company: MARTIN	N COAST	HOLDCO LLC	
2. (a)		(b)		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	No Change	No C	Change	
	July 6, 2023		L23000320566	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	BENGIO, JACOB			
(,	Registered Agent and Registered Office shown on the records o	f the Florida Dept. o	f State:	
	2901 STIRLING ROAD, STE 200			
	Registered Office Address (MUST BE FLORIDA STREET	'ADDRESS)	<del></del>	
			202 TÀL	
	FORT LAUDERDALE . F	<sub>I.</sub> 33312	FILED 2024 DEC -4 PM 12: 15 TALLAHÁSSEE, FLORIDA	
(b)	COGENCY GLOBAL INC.		SSEE P	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:	PH 12:	
	115 North Calhoun St., Suite 4		2: 15 2: 15	
	NEW Registered Office Address:		ν.	
	Tallahassee	<sub>L</sub> 32301		
the cha agent v was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	nws of the State of the registered of liability company of the limited lia	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in	
/s/ Jacob Bengio		Jacob Ben	<u> </u>	
-	ture of a member or authorized representative of a member		Printed or typed name of signee	
попры	by accept the appointment as registered agent and agens of all statutes relative to the proper and completigations of my position as registered agent as provide by reflect a change in the registered office address, I impriting of this change.	gree to act in this e performance of ed for in Chapter hereby confirm i	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been	
/S/ []	m Mayville			

Signature of Registered Agent