L23000320574						
(Requestor's Name) (Address) (Address)	300439537253					
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	TLED 1024 DEC -4 PH 12: 45 1ALL AHASSEET FLORIDA					
Special Instructions to Filing Officer:	A Martin					

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	ilobal'	115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM
		Account#: I2000000088 If there are any issues please contact Cheyanne at 850-202-1882
Date:11/26/20	24	030-202-1002
Name: Cheya	nne Davis	
Reference #:	2561215	
	BEACHSIDE	OPCO LLC
 Amendment Change of Agent Reinstatement Conversion Merger Dissolution/Witho Fictitious Name 	drawal	
[_] Other		
Authorized Amount:	\$25	_

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FEUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES. REGISTRY #801CH2 6 LLOYDS AVE, UNIT 4CL LONDON EC3N 3AX +44 (0)20.3961.3080

 ASIA PACIFIC HQ
 COGENCY GLOBAL (HK) LIMITED A HONG KONG UMITED COMPANY UNIT B, 1/F, LIPPO LEIGHTON TOWER 103 LEIGHTON RD, CAUSEWAY BAY HONG KONG P: +852.2682.9633 F: +852.2682.9790

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.

		(b)			
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)			of limited liability co <u>BE POST OFFICE</u> :	
	No Change	N	o Change		
	July 6, 2023		L2300032057	4	
3.	Date of filing/registration in Florida		Document m	umber	
5. (a)	BENGIO, JACOB				
2. (u,	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State:		
	2901 STIRLING ROAD, STE 200				
	Registered Office Address (MUST BE FLORIDA STREE)	<u>"ADDRESS)</u>			
	FORT LAUDERDALE . F	L_33312		202 1 A L	
				2024 DEC IĂLLANĂ	••••••••••••••••••••••••••••••••••••••
(b)	COGENCY GLOBAL INC.				•
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office addres	<u>s</u> :	C-I	
(b)	· · · · · · · · · · · · · · · · · · ·	ed Office addres	<u>s</u> :	C -4 PM NASSEE, FI	ſ
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office addres	<u>s</u> :	2024 DEC -4 PH 12: 45	ſ
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 115 North Calhoun St., Suite 4		<u>s</u> : 	C -4 PH12:45 ASSEE, FLORIDA	Ţ.

Signature of a member or authorized representative of a member

Printed or typed name of signee

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