L23000320579

| (Requestor's Name) |
|--|
| (Address) |
| (Address) |
| O. O |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| |
| |
| |
| |

Office Use Only



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24 DEC -4 PH 4: 32

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

Account#: I20000000088
If there are any issues
please contact Cheyanne at
850-202-1882

| Date: | 11/26/2024 | | | | |
|--------------------------|-----------------------------------|----------------------|--|--|--|
| Name: | Cheyanne Davis | _ | | | |
| Reference # | 2561215 | | | | |
| | MARTIN CO | AST PROPCO LLC | | | |
| | | | | | |
| Article | es of Incorporation/Authorization | to Transact Business | | | |
| ☐ Amendment | | | | | |
| | | | | | |
| Reinstatement | | | | | |
| Conversion | | | | | |
| Merger | | | | | |
| ☐ Dissolution/Withdrawal | | | | | |
| Fictitious Name | | | | | |
| Other | | | | | |
| | | | | | |
| Authorized A | mount:\$25 | | | | |
| Signature: _ | Ohyma 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 fimited liability company: MART | IN COAST | PROPCO 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 BQN) |
| | No Change | No No | Change |
| | July 6, 2023 | | L23000320579 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | BENGIO, JACOB | | |
| , | Registered Agent and Registered Office shown on the records | s of the Florida Dept. | of State: |
| | 2901 STIRLING ROAD, STE 200 | | |
| | Registered Office Address (MUST BE FLORIDA STREE | ET ADDRESS) | |
| | | | 202 1 A |
| | FORT LAUDERDALE | FL_33312 | 2024 DEC -4 PT |
| (h) | COGENCY GLOBAL INC. | | ASSEE ASSEE |
| • | Enter name of NEW Registered Agent and/or NEW Registe | red Office address: | E P D |
| | 115 North Calhoun St., Suite 4 | | PM 12: 11 SEE, FLORIDA |
| | NEW Registered Office Address: | | 7 |
| | Tallahassee | FL 32301 | |
| | Tallariassee | FI. 02001 | |
| 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 at the read by an affirmative vote of the member cles of organization or the operating agreement of the contract of the contr | s of the registered d liability compar rs of the limited l | office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in |
| | cob Bengio | Jacob Be | |
| - | ture of a member or authorized representative of a member | _ | Printed or typed name of signee |
| provisi the obl to mere | 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 provi By reflect a change in the registered office address, I in writing of this change, | agree to act in th cie performance ided for in Chapt . I hereby confirm | is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed a that the limited liability company has been |
| | m Mayville | | |
| Signatu | re of Registered Agent | | |

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

Tim Mayville, Assistant Secretary