4/8/24, # 24 PM To: +1 850-617-6383 From: +1 913-871-5933 - Statement of Change of RA for TMAM OF FLORI Page 1/3



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000128646 3)))



H240001286463ABC0

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

	Te: Division of Corporations Fax Number : (850)617-6383	
FILT OF THE FULL SPEAL APPR - 9 AN 11: 18 SPEAL OF APPR - 9 AN 11: 18 SPEAL OF APPR - 9 AN 11: 18	From: Account Name : FIRST COAST CORPORATE SERVICE Account Number : I20240000035 Phone : (904)490-0391 Fax Number : (706)310-8269 Enter the email address for this business entity to be annual report mailings. Enter only one email addre Email Address: <u>Avillegas &amp; Vengents. (6</u>	e used for future
PL C T	LLC REGISTERED AGENT CHANG	
	Certificate of Status0Certificate of Status0Certificate of Status0Page Count02Estimated Charge\$25.	<u></u>

Help

$c \circ $	стор.	1 PTTED			
UU.	Y C.K.	LETTER		 •	

TO: Registration Section Division of Corporations

. .

TMAM OF FLORIDA LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

..

Ashton Villegas

Name of Person

Firm/Company

PO Box 23788

Address

Overland Park, KS 66283

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashton Villegas	855 236-9172 at ( )
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
,	Tallahassee, FL 32303

## Enclosed is a check for the following amount:

S25 Filing Fee

□ \$55 Filing Fee & Certified Copy

## 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.

	me of the limited liability company:	FLORIDAL	
(a)	Principal office address of limited liability compar (Nate: MUST BE STREET ADDRESS) ROCKVILLE, MD 20850		(b)
			ROCKVILLE, MD 20850
	09/08/2023		L23000422762
(a)	Date of filing/registration in Florida COGENCY GLOBAL INC.	4.	Document number
(-)	Registered Agent and Registered Office shown on the rece 115 N CALHOUN ST STE 4		
	Registered Office Address <u>(MUST RE FLORIDA STA</u> TALLAHASSEE	32301	
(b)	Universal Registered Agents, Inc.	rL	2024 A
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u> 1317 California Street	istered Office #	enddress: ا س
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	י סי דב ויני
	Tallahassee		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Any Brown Signature of a member or authorized representative of a member 15 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 mischange.

Signatore of Rugistered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: S25.00