L23000462656

(Requestor's Name)				
(Addres	s)			
(-,			
	<u>-</u> .	<u> </u>		
(Addres	s)			
(City/St	ate/Zip/Phone #)			
PICK-UP	WAIT	MAIL		
<u> </u>		<u> </u>		
		_		
(Busine	ss Entity Name)			
(Docum	ent Number)			
C-attend Continu	Cartificator of	Status		
Certified Copies	Certificates of	Status		
Special Instructions to Filin	g Officer.			
,				
		· · · · · · · · · · · · · · · · · · ·		

Office Use Only



700435713257

FILED

124 SEP 13 AM 9: C

1ALLAHASSEE, FI

2021 SEP 13 MH II: 53





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

Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	09/13/2024	
Name:	Patrice Rush	<u> </u>
Reference #:	2496977	<u> </u>
Entity Name:	ALTAR REAL ES	STATE PARTNERS, LLC
	es of Incorporation/Authorization	n to Transact Business
 ☐ Chang	ge of Agent	
☐ Reins	tatement	
☐ Conve	ersion	
☐ Merge	er	
☐ Dissol	lution/Withdrawal	
☐ Fictition	ous Name	
Other		
Authorized A Signature:	mount: \$25.00	

F: 800.944.6607

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.

i. Na	me of the limited liability company:	ALTAR F	<u>REAL</u>	ESTA	TE PARTNERS, LLC
2. (a)	, , ,		(b)	ı	
(-)	Principal office address of limited liabilit (Note: MUST BE STREET ADDI				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change			No Cha	nge
	October 6, 2023		_	L	_23000462656
3.	Date of filing/registration in Flo	orida	4.		Document number
5. (a)	ZENBUSINESS INC				
u. (u)	Registered Agent and Registered Office shown o	n the records of t	he Florida	Dept. of Stat	e:
	336 E. COLLEGE AVE.				
	Registered Office Address (MUST BE FLOR	RIDA STREET A	DDRESS)		-
	SUITE 301				20
	TALLAHASSEE	, FL_	32301		FILED 2024 SEP 13 AM S SECRETAN / OF S TALLAHASSEE.
(b)	COGENCY GLOBAL INC.				HAN TO F
	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered	Office add	ress;	
	115 North Calhoun St., Suite 4				OO PATE
	NEW Registered Office Address:				_
	Tallahassee	, FL_	32301		_
the cha agent v was/we	imited liability company is not organized inge or changes are made, the Florida stre will be identical. Or, in the case of a Flor ere authorized by an affirmative vote of the cles of organization or the operating agree	eet address of ida limited lia he members o	the regis bility co f the limi	tered offic mpany, it i ted liabilit	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
	/s/ Matthew Downs			iew Dow	
	ture of a member or authorized representative of a	member			Printed or typed name of signee
provisi the obl to mero notified	by accept the appointment as registered a ons of all statutes relative to the proper of igations of my position as registered age ely reflect a change in the registered office I in writing of this change. m Mayville	agent and agrand complete part as provided complete part as provided ce address, I had a complete part and	ee to act performa I for in C sereby co	in this cap nce of my hapter 60. nfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been

Tim Mayville, Assistant Secretary

Division of Corporations ● P.O. Box 6327 ● Tallahassee, FL 32314 F1LING FEE: \$25.00

Signature of Registered Agent