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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	
	Cheyanne Davis	_
Reference #:	2561215	<u></u>
		EMBER BEACHSIDE LLC
☐ Article	s of Incorporation/Authorization	n to Transact Business
☐ Amen	dment	
✓ Chang	ge of Agent	
☐ Reinst	atement	
☐ Conve	ersion	
☐ Merge	r	
☐ Dissol	ution/Withdrawal	
☐ Fictitio	ous Name	
Other_		
Authorized Ar	mount: \$25	
Signature:	Orymo 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

-	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)
	No Change	No.	Change
,	October 23, 2023		L23000484835
	Date of filing/registration in Florida	-1	Document number
)	PHILIPSON, BENT		
	Registered Agent and Registered Office shown on the rec	cords of the Florida Dep	. of State:
	2901 STIRLING ROAD, STE 200		
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)	
	FT LAUDERDALE	, _{FL_} 33312	
	COGENCY GLOBAL INC.		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	gistered Office address	
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	. FL_32301	

/s/ Jacob Bengio

Jacob Bengio

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