## L24000023955

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone	<del>= #)</del>			
PICK-UP WAIT	MAIL			
(Business Entity Nam	ne)			
(Document Number)				
Certified Copies Certificate	es of Status			
· <del></del>				
<u></u>				
Special Instructions to Filing Officer:				

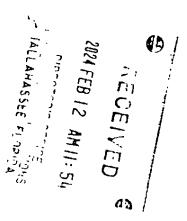
Office Use Only



000423599010

LLC RAGRO Change

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2024 FEB 12 AMII: 22



A. RAMSEY FEB 13 2006



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

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	02/12/2024		
	Patrice Rush	_	
Referer	nce #:2261701	_	
	Name: AXIS PEO LLC		
<i>F</i>	Articles of Incorporation/Authorization	to Transact Business	
	Amendment		
<b>V</b>	Change of Agent		
□ F	Reinstatement		
	Conversion		
N	Merger		
	Dissolution/Withdrawal		
F	Fictitious Name		
	Other		
Authori: Signatu	zed Amount: \$25.00		

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.

l. N	lame of the limited liability company:	AXIS PEO LLC	
2. (a)	no change	(b)	no change
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	1/10/2024	- <u>-</u>	L24000023955
3.	Date of filing/registration in Florida	4.	Document number
5. (a	) MORAITES, JOHN		
	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	2 ADALIA AVE 701		
	Registered Office Address (MUST BE FLORIDA STREET)	(ADDRESS)	2024
			2024 FEB 12
	TAMPA .FL	33606	EB 12   C
			7, 46
(b	Cogency Global Inc.		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	AM II: 27
	115 North Calhoun Street, Suite	4	. 10
	NEW Registered Office Address:		
	Tallahassee , FL	32301	
	, F1,		<del></del>
the cl agent was/v	limited liability company is not organized under the lay nange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered ability compan of the limited li	office and the business office of the registered by, it is hereby confirmed that the change(s) hability company or as otherwise provided in
	/s/ Scott Hanson		Scott Hanson
	nature of a member or authorized representative of a member		Printed or typed name of signee
provi. the ol to me	eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address, I t ed in writing of this change.	ee to act in thi performance of d for in Chapte herchy 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 in that the limited liability company has been
-31	/s/ Tim Mayville		
Signa	ture of Registered Agent		