## L24000215693

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

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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 Patrice at 850-202-9071

Date:	09/06/2024	
	Patrice Rush	<del></del>
Reference #	2492579	
Entity Name	AR GLO	BAL MANAGEMENT LLC
Article	es of Incorporation/Author	ization to Transact Business
Amer	dment	
✓ Chan	ge of Agent	
Reins	tatement	
Conve	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
☐ Fictition	ous Name	
Other		<del></del>
Authorized A	mount: \$25.00	)
Signature:	(Post	

F: +852.2682.9790

## COVER LETTER

	Registration Section Division of Corporations						
SUBJEC	AR Global Management LLC						
	Name of Limited Liability Company						
Dear Sir o	or Madam:						
The enclo	osed Registered Agent/Registered Office C	Change and fo	ee(s) are submitted for filing.				
Please ret	turn all correspondence concerning this m	atter to the fo	ollowing:				
Maria Ace	evedo. Esq.						
	Name of Person		_				
Acevedo I	Belt, P.A.						
	Firm/Company		_				
1441 Brick	kell Avenue. Suite 1400						
	Address		_				
Miami, Fl	lorida 33131						
	City/State and Zip Code		_				
maria@ac	cevedobelt.com						
E-m	nail address: (to be used for future annual	report notific	ation)				
For furthe	er information concerning this matter, plea	ase call:					
Maria Acc	evedo, Esq.	305 at (	396-4282				
	Name of Person		Area Code & Daytime Telephone Number				
R D P	Aailing Address: Registration Section Division of Corporations P.O. Box 6327 Callahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, Fl. 32303				
E	Inclosed is a check for the following amo	o <b>unt:</b>					
	\$25 Filing Fee	<b>□</b> \$55	Filing Fee & Certified Copy				

INHS18 (2/14)

## 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 limited liability company: AR Global Manag	gement	LL.	C		
2	(a)	600 Brickell Ave		(b	600 Brick	ell Ave	
	(α)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Suite 2950			Suite 2950	1	
		Miami, FL 33131	_		Miami, FL 33131		
		May 8, 2024		1	L240002156	593	
3.		Date of filing/registration in Florida	4.	-		Document number	
5.	(a)	Alvarez & Marsal Tax, LLC					
٥.	(**)	Registered Agent and Registered Office shown on the records of 600 Brickell Ave	the Flo	rida	Dept, of State	e:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				7 20	
		Suite 2950				ALL: S	
		Miami, FL	33131			2024 SEP -6 TALLAHASS	
	(b)	Cogency Global Inc.				TALLAHASSEE FLORIDA	
	, -	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	add	ress:	E .	
		115 N Calhoun Street				26 RIDA	
		NEW Registered Office Address:				-	
		Suite 4				_	
		Tallahassee FL	32301			_	
ch ag w th	ange ent v as/we e arti Signa	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the ture of a member of the appointment as registered agent and agreems of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. The	regist ability of the I limite	erec cor imi d li	I office and appany, it is ted liability com  A	d the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany.  Andrea Nebot Marsol  Printed or typed name of signee	
ne	itified	Tin writing of this change.  Constance Lawson Assistant Secretary			y 2 • • • • • • • • • • • • • • • •		

Signature of Registered Agent