Launc	336306
(Requestor's Name) (Address) (Address)	800439535638
(City/State/Zip/Phone #)	
(Document Number) ertified Copies Certificates of Status Special Instructions to Filing Officer:	· [전트 C 프 · 2024 DEC - 4
Office Use Only	IVED PH 4: 33 263, CCC ELECTRONIC AND
Once use only	



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

Account#: I2000000088 If there are any issues please contact Cheyanne at 850-202-1882

Date:_____11/26/2024

Name: _____Cheyanne Davis

Reference #: 2561215

Entity Name: APOPKA OPC

Articles of Incorporation/Authorization to Transact Business

🔽 Change	of	Agent
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Conversion	h
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] Merger

Dissolution/Withdrawal

Fictitious Name

Other_____

Authorized	Amount:	\$25	
Signature:	Chyme	Paire	

ELUROPEAN HQ COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES. REGISTRY #8013712 6 LLOYDS AVE, UNIT 4CL LONDON EC3N 3AX +44 (0)20.3961.3080 ASIA PACIFIC HQ COGENCY GLOBAL (HK) LIMITED A HONG KONG LIMITED COMPANY UNIT B, I/F, LIPPO LEIGHTON TOWER 103 LEIGHTON RD, CAUSEWAY BAY HONG KONG P: +852.2682.9633 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.

. (a)		(b)	
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BON</u>)
	No Change	<u>No</u>	Change
	July 30, 2024		L24000336306
	Date of filing/registration in Florida	4.	Document number
(a)	BENGIO, JACOB		
,	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	2901 STIRLING ROAD, STE 200		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	FORT LAUDERDALE	33312	???
	,,,	·	·
(b)	COGENCY GLOBAL INC.		
(b)			
(b)	COGENCY GLOBAL INC.		-+
(b)	COGENCY GLOBAL INC. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		
(b)	COGENCY GLOBAL INC. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 115 North Calhoun St., Suite 4 <u>NEW</u> Registered Office Address:	l Office address:	
	COGENCY GLOBAL INC. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 115 North Calhoun St., Suite 4 <u>NEW</u> Registered Office Address: Tallahassee	<u>1 Office address</u> : 32301	E - 4 Pi 2:03
the l e cha gent v as/we	COGENCY GLOBAL INC. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 115 North Calhoun St., Suite 4 <u>NEW</u> Registered Office Address:	<u>32301</u> 32301 ws of the State of the registered ability compar- of the limited l	e of Florida, it is hereby confirmed that after by it is hereby confirmed that after y, it is hereby confirmed that the change(s itability company or as otherwise provided

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