124000336317

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

Office Use Only



900439535629

2024 DEC -4 PH 4: 3

RECEIVED



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 Cheyanne at
850-202-1882

Date:_	11/26/2024					
Name:	Cheyanne Davis	_				
Refere	nce #: 2561215	_				
Entity I	Name: APOPKA	HOLDCO LLC				
	Articles of Incorporation/Authorization					
Amendment						
Reinstatement						
	Conversion					
	☐ Merger					
☐ Dissolution/Withdrawal						
Fictitious Name						
	Other					
Authori	zed Amount: \$25					
Signatu	ire: Uryme Paire					

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.

Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(n)_	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BON)
No Change		No Change
July 30, 2024	_	L24000336317
Date of filing/registration in Florida	4.	Document number
BENGIO, JACOB		
Registered Agent and Registered Office shown on the records o	t the Florida De	ept, of State:
2901 STIRLING ROAD, STE 200		
Registered Office Address	ADDRESS)	
FORT LAUDERDALE F	 133312	
COGENCY GLOBAL INC.	-	·
Enter name of NEW Registered Agent and/or NEW Registere	d Office addre	- C3 - F1 - C3
115 North Calhoun St., Suite 4		<u>.</u> :
NEW Registered Office Address:		
		· · · · · · · ·
		C.
Tallahassee	32301	•
Tallahassee F	_32301	
imited liability company is not organized under the lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the acob Bengio	f the register iability comportion of the limited	red office and the business office of the reg pany, it is hereby confirmed that the change d liability company or as otherwise provide oility company.

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