## L24000338501

(Requestor's Name)					
(Ad	(Address)				
(Address)					
(Cit	ry/State/Zip/Phone #	<u> </u>			
(011	grotate/21p/1 flotte #	7			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Name	)			
	•				
	cument Number)				
(50	cument Numbery				
Certified Copies	_ Certificates o	f Status			
Special Instructions to	Filing Officer.				
• • • • • • • • • • • • • • • • • • • •	<b>3</b>				
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Office Use Only



500439537235



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	
Name:	Cheyanne Davis	
Reference #:_	2561215	
	APOPK	A PROPCO LLC
Articles	of Incorporation/Authorization	n to Transact Business
Amend	ment	
Change     Ch	e of Agent	
Reinsta	atement	
Conver	sion	
Merger		
☐ Dissolu	tion/Withdrawal	
☐ Fictitiou	ıs Name	
Other_		
Authorized Am	nount: \$25	<del></del>
Signature:	Chyme aine	

## 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.

'water				
. Na	me of the limited liability company:APOPK	A PRO	DPCO	LLC
. (a)		(b	)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		;	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change		No Char	nge
	July 31, 2024		L	.24000338501
<b>3</b> .	Date of filing/registration in Florida	4.		Document number
i. (a)	PHILIPSON, BENT			
. (11)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	- e:
	2901 STIRLING ROAD, STE 200			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	Ž	. ~ <b>&gt;</b>
				RAL RA
	FORT LAUDERDALE F	33312		FILED PH 1:00 TALLAHASSEE FLORIDA
(b)	COGENCY GLOBAL INC.			ER-4 PL
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	dress:	
	115 North Calhoun St., Suite 4			. <b>00</b> บลเป็ก
	NEW Registered Office Address:			
	Tallahassee			-
he cha gent w vas/we	mited liability company is not organized under the lange or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limited lare authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ws of the f the regis iability co of the lim	stered office impany, it is ited liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	/ Jacob Bengio Jacob Beng		b Bengio	
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
rovisie he obli o mere otifica	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It is writing of this change.	ree to act performe d for in C hereby co	in this cap ance of my hapter 605 infirm that	acity. I further agree to comply with the duties, and I am familiar with and acceps, F.S. Or, if this document is being filed the limited liability company has been
provisio he obli o mere notifica	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I	ree to act performed for in C hereby co	in this cap ance of my Thapter 605 onfirm that	acity. I further agree to comply w duties, and I am familiar with and i, F.S. Or, if this document is bein the limited liability company has

Signature of Registered Agent

Tim Mayville, Assistant Secretary
Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314
FILING FEE: \$25.00