-24000410137

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

Date: 02/	/03/2025	
Name:	Cheyanne Davis	
Reference #:	2635768	
Entity Name:	THREE DUCKLINGS HOLDIN	GS, LLC
Articles of	f Incorporation/Authorization to Transact Busin	ness
☐ Amendme	ent	
Change o	f Agent	
Reinstate	ment	
Conversion	on	20 2
Merger		2025 FEB SI CRETE TAHA
Dissolutio	n/Withdrawal	FEB -3 A
Fictitious	Name	AM.
Other		5-1 -
Authorized Amou	unt: \$25.00	
Signature:	Unyma Paire	

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

Name of the limited liability company:		THREE DUCKLINGS HOLDINGS, LLC		
. (a)	no change Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	no change Mailing address of limited li (Note: MAY BE POST O	
	09/20/2024 Date of filing/registration in Florida	 	L24000410137 Document number	
. , .	SAUERBERG, ERIC M			
i. (a)	Registered Agent and Registered Office shown on the records of t	he Florida Dept.	of State	
	3896 BURNS ROAD, 104	·		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
	PALM BEACH GARDENS , FL.	33410		5 2
(b)	Cogency Global Inc.			2025 FEB Segretion
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 115 North Calhoun Street, Suite 4			-3
	NEW Registered Office Address:			AH II: 28 Of State Elfloridi
	Tallahassee .FL	32301		.,
he cha gent w vas/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered bility compan f the limited l	office and the business office by, it is hereby confirmed that lability company or as othery	e of the registered the change(s)
	/s/ Nancy Drazan		Nancy Drazan	
Signat	ture of a member or authorized representative of a member		Printed or typed name of s	ignee

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/ Michael Carlisle

Signature of Registered Agent Michael Carlisle, Assistant Secretary