1950000810330

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J. HORNE AUG 2 2 2025						
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Office Use Only



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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 Cheyanne at
850-202-1882

Date:	08/21/2025	
Name:	Ryan Chasteen	<u> </u>
	2867144	
	MW O	F YULEE LLC
	es of Incorporation/Authorizatio	
☐ Amen	dment	
Change	ge of Agent	
Reins	tatement	
Conve	ersion	
☐ Merge	er	
Disso	lution/Withdrawal	
Fictition	ous Name	
Other		
Authorized A	mount: \$25	
Signature:	Ryan Chasteen	



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:	08/21/20	25	
Name:	Ryan	Chasteen	_
Reference	e #:	2867144	_
		MW OF	YULEE LLC
			to Transact Business
☐ An	nendment		
✓ Ch	ange of Agent		
☐ Re	instatement		
□ Co	nversion		
	erger		
☐ Dis	ssolution/Witho	Irawal	
☐ Fic	titious Name		
Oti	her	<u> </u>	
Authorize	d Amount:	\$25	
Signature	: Rya	s25 n Chasteen	

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	me of the limited liability company: MW OF	YULE	EE	LLC		
2.	(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	<u> </u>	1	No Char	nge	
		February 19, 2025			L	25000086220	
3.		Date of filing/registration in Florida	4.			Document number	
5.	(a)	CT CORPORATION SYSTEM				_	
		Registered Agent and Registered Office shown on the records of	the Florida	ı Dı	ept, of State	e:	
		1200 SOUTH PINE ISLAND ROAD			_		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	~2	
		SUITE 250	_			_	025
		PLANTATION	_33324	}		_	2025 (2
	(h)	COGENCY GLOBAL INC.					
(b)		Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	E C	
		115 North Calhoun St. Suite 4					1.5 1.5
		115 North Calhoun St., Suite 4			_	9	
		NEW Registered Office Address:					
		Tallahassee	32301		_	_	
		, FI				_	
the age wa:	cha ent v s/we	imited liability company is not organized under the la nge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the regis iability co of the lim	ste om tite	red office pany, it i ed liabilit	e and the business offi is hereby confirmed th ty company or as other	ice of the registered at the change(s)
		/s/ Andrew DiPasquale			Andı	rew DiPasquale	
	-	ture of a member or authorized representative of a member				Printed or typed name of	~
pro the to i	visi obl nere	by accept the appointment as registered agent and ag 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 I'in writing of this change.	ree to act e perform ed for in C hereby co	t in an Chi onj	this cap ce of my apter 602 firm that	acity. I further agree duties, and I am famil 5, F.S. Or, if this doci the limited liability co	to comply with the liar with and accept iment is being filed ompany has been
/s	/ Ti	m Mayville					
Sig	natu	re of Registered Agent Tim Mayville . Assistant Sec	cretary				

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