## 2 28 00000

(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:				

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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

Date:0	06/04/2021	
Name:	Chris Vick	<del></del>
Reference #:_	1378999	<u> </u>
Entity Name:_	DJONT/CMB OR	SOUTH LEASING, L.L.C.
☐ Articles	of Incorporation/Authorizatio	n to Transact Business
Amenda	ment	
✓ Change	e of Agent	
Reinsta	atement	
☐ Conver	rsion	
☐ Merger		
☐ Dissolu	tion/Withdrawal	
☐ Fictitiou	us Name	
Other_		
Authorized Am	10un \$25.00	

## 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. N	ame of the limited liability company:DJONT/CMI	B ORSOU	TH LEASING, L.L.C.
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	No Change	<del></del>	No Change
	4/28/2000	_	M0000000845
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Corporate Creations Network Inc.		
	Registered Agent and Registered Office shown on the records o	the Florida	Dept, of State:
	801 US HIGHWAY 1		
	Registered Office Address (MUST BE FLORIDA STREET	<u>(ADDRESS)</u>	
	NORTH PALM BEACH F	 L334 <u>0</u> 8	
(b)	COGENCY GLOBAL INC.		
107	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	ress: 星 完
	115 North Calhoun St., Suite 4		三
	NEW Registered Office Address:		
	Tallahaaaa	22201	ALL A TOTAL OF THE ACT
	Tallahassee, F	L_32301	
he ch igent vas/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regis iability co of the limi	nered office and the business office of the registers in the paper is the reby confirmed that the change(s) ted liability company or as otherwise provided in
	rederick D. McKalip		erick D. McKalip
	iture of a member or authorized representative of a member		Printed or typed name of signee
provis he ob o mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided reflect a change in the registered office address, I d in writing of this change.	v 110911/11911/	nce of my dulies, and Lam familiar with and acce

Signature of Registered Agent

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