Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : HARVARD BUSINESS SERVICES, INC.

Account Number : I20080000045 Phone : (302)645-7400

Fax Number : (302)645-1280

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## LLC REGISTERED AGENT CHANGE PALM COAST DATA LLC

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K. SALY

NOV - 7 2024

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## 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: Palm Coast Data I	LLC		
2. (a)	2323 N. State Street Unit 77		(b) <sup>2323</sup> N	State Street Unit 77
` ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	<del>_</del>	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Bunnell, FL 32110	_	Bunnell,	FL 32110
	02/21/2002		M020000	00468
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	COGENCY GLOBAL INC.			
	Registered Agent and Registered Office shown on the records of t	the Flor	ida Dept. of Si	atc:
	Registered Office Address (MUST BE FLORIDA STREET A			
•	115 North Calhoun St. Suite 4	2000 三十		
	Tallahassee, FL	32302		
(b)	Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered  7901 4th Street N, Ste 300  NEW Registered Office Address:	Опісе	address:	TALLERHASSEC FLORIDA
	St. Petersburg , FL	33702		
nange igent v was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability an affirmative vote of the members of the office of the operating agreement of the light of	registe bility f the li	ered office a company, it mited liabil	nd the business office of the registered is hereby confirmed that the change(s)
	-4-101 transc		Christoph	
I heret provision he obli o mere	nure of a member or authorized representative of a member of a member of a member of a member of a complete proper and segment and agree ons of all statutes relative to the proper and complete projections of my position as registered agent as provided by reflect a change in the registered office address, I have been appropriately of this change.	e to a perfori for in ereby	ct in this cap nance of my Chapter 60 confirm that	Printed or typed name of signee Dacity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been
Stantini	c of Registered Algent			

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