M0400003057

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Account#: I20000000088 If there are any issues please contact Cheyanne at 850-202-1882

Date: 01/3	1/2025				
Name: Ovic	ishel Occean J	r.			
Reference #:	2630464	,			
		WELL	PATH L	LC	
	ncorporation/Author				
Amendmen	t				
Change of I	Agent				
Reinstatem	ent				
Conversion					
Merger					
☐ Dissolution/	Withdrawal				
Fictitious Na	ame				
Other		-			
Authorized Amoun		<u> </u>			
Signature:	T. Bush fur				

Signature: ___

F: +852.2682.9790

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.

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	Ne	No Change					
	July 30, 2004		M0400003057					
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 of 801 US HWY 1	of the Florida Dep	ot, of State:					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)						
	NORTH PALM BEACH,	33408						
(b)	COGENCY GLOBAL INC.							
	Enter name of NEW Registered Agent and/or NEW Register	ed Office address	<u> </u>					
	115 North Calhoun St., Suite 4							
	NEW Registered Office Address:			202				
	 			2025 IAN 3				
	Tallahassee, I	_{FL} 32301		<u>۔</u> ک				
the ch agent was/v	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the memberaticles of organization or the operating agreement of the	of the registere liability comp s of the limited	ed office and the business office of the registance, it is hereby confirmed that the hange solutions of the provided the solution of the company of as otherwise provided.	tered s)				
	/ Madelyn Macarthur	Mad	elyn Macarthur					
	nature of a member or authorized representative of a member		Printed or typed name of signee					
provi. the ol to me	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provid rely reflect a change in the registered office address, ed in writing of this change.	igree to act in le performanc ded for in Cha I hereby confi	this capacity. I further agree to comply with e of my duties, and I am familiar with and ac pter 605, F.S. Or, if this document is being j rm that the limited liability company has bed	1 the ccept filed en				
•	Fim Mayville							

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

INHS18 (2/14)