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(Requestor's Name) (Address) (Address)	300328481673
(City/State/Zip/Phone #)	APPROVED AND FILED 2019 HAY -6 AM 9: 01 CLURE DARY OF STATE CLURE DARY OF STATE CLURE DARY OF STATE
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	RECEIVED 19 MAY -6 PH 4:55 DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

Date: 0	5/06/2019			
	Joy Weaver			
Reference #:_	1072138			
		GNE OPERATING GP L	.L.C.	
		ation to Transact Business		
Amendr	e of Agent		20	
Reinsta			2019 MAY - 6	ddy Ady
	sion		-6 AH	APPROVED AND FILED
Merger			10.15 H 9:0	E
🗌 Dissolut	tion/Withdrawal			
Fictitiou	s Name			
Other_				
Authorized Am	ount: \$25			
Signature:				

FEUROPEAN HQ
COGENCY GLOBAL (UE) LIMITED
REGISTERED IN ENGLATED & WALES,
REGISTRY #80:07:2
6 LLOYDS AVE, UNIT #CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

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.

ı) _	······································	(b)	Mailing address of limited liability company:
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
	No Change	No	Change
	April 29, 2005		M0500002248
	Date of filing/registration in Florida	4.	Document number
a)	C T CORPORATION SYSTEM		
	Registered Agent and Registered Office shown on the records	of the Florida Dept.	of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREE	<u>ET ADDRESS)</u>	2 6
	PLANTATION .	FL_33324	Fil.
	COGENCY GLOBAL INC.		-6 FILE
))	Enter name of NEW Registered Agent and/or NEW Registe	red Office address:	
			10 mil 10
	115 North Calhoun St., Suite 4		
	115 North Calhoun St., Suite 4 <u>NEW</u> Registered Office Address:		
n) .	· · · · · · · · · · · · · · · · · · ·		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/S/ Michael A. Hammell

Michael A. Hammell

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the 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/ Tim Mayville

Signature of Registered Agent

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

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