M0500006968

| | (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: | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



600383058966

2022 MAR 11 PH 4: 19

O SIMMONS MAR 14 2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

| Date: March 11, 2022 | | 7.000unur. 1200000000 | | |
|----------------------|---------------------|-----------------------|--|--|
| Name:KEN | | | | |
| Reference #: | 1606036 | - | | |
| Entity Name: | CPLG FL | PROPERTIES L.L.C. | | |
| Articles of Incorpor | ation/Authorization | to Transact Business | | |
| Amendment | | | | |
| ✓ Change of Agent | | ISSUES? CALL | | |
| Reinstatement | | KEN: | | |
| Conversion | | 518-213-0738 | | |
| Merger | | | | |
| Dissolution/Withdr | awal | | | |
| Fictitious Name | | | | |
| Other | | | | |
| | | | | |
| | | | | |
| Authorized Amount: | \$25.00 | | | |
| Signature: | | | | |

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:CPLG_FL | PROPERTIES | L.L.C. |
|------------------------------|--|--|--|
| 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 | No | Change |
| | December 20, 2005 | | M05000006968 |
| 3. | Date of filing/registration in Florida | 4. | Document number |
| 5. (a) | Corporation Service Company | | |
| J. (u) | Registered Agent and Registered Office shown on the records | of the Florida Dept. o | of State: |
| | 1201 Hays Street | | |
| | Registered Office Address (MUST BE FLORIDA STREE | T ADDRESS) | |
| | | | 2027 SE |
| | Tallahassee, | FL_32301-252 | SECRETARIAN I |
| (b) | COGENCY GLOBAL INC. | | |
| | Enter name of NEW Registered Agent and/or NEW Register | red Office address: | |
| | 115 North Calhoun St., Suite 4 | | M 7:50 |
| | NEW Registered Office Address: | | |
| | Tallaharan | 22201 | |
| | Tallahassee | FL 32301 | |
| the cha agent v was/wa | imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the | of the registered liability compan is of the limited li | office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in |
| /s/ Pa | aul R. Womble | Paul R. W | |
| - | ture of a member or authorized representative of a member | | Printed or typed name of signee |
| provisa the obt to mer | by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change. | igree to act in thi de performance o ded for in Chapte I hereby confirm | s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been |
| | m Mayville | | |
| Signatu | re of Registered Agent | | |

Tim Mayville, Assistant Secretary

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