18E 1000 LCM

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
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SALE COMPORATION

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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
If there are any issues
please contact Cheyanne at
850-202-1882

Date: 09/2	24/2025			
	Ryan Chasteen	<u> </u>		
Reference #:	2870114			
Entity Name:	<u>-</u> 1	WENTYFIRST, LLC		_
		orization to Transact Business		~ `
Amendmer	nt		SACRA SACRA	2022 S
Change of	Agent	•	<u>' </u>	
Reinstaten	nent			ري
☐ Conversion	1			
☐ Dissolution	/Withdrawal			
☐ Fictitious N	lame			
Other				_
Authorized Amour	nt: \$2	5		
Signature:	Ryan Chasteen			

F: +852.2687.9790

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		No Char	nge
	March 7, 2007		M	107000001331
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Corporation Service Company			
	Registered Agent and Registered Office shown on the records of	the Florida l	Dept. of State	- e:
	1201 Hays Street			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		7
				7075 SEP
	Tallahassee	32301-	2525	
	, , , , ,	·		Su
(b)	COGENCY GLOBAL INC.			
·	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addi	<u>'ess</u> ;	
	115 North Calhaun St. Cuita 4			· 72
	115 North Calhoun St., Suite 4 NEW Registered Office Address:			
	NEW Registered Office Address.			_
	Tallahassee	32301		
the cha agent w was/we	mited liability company is not organized under the la nge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ter authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the regist iability con of the limit	ered office opany, it is ed liability	and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
	/s/ Maureen Sheehan Maureen Sh			
	ure of a member or authorized representative of a member			Printed or typed name of signee
I herel provisi the obl	ov accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I	ree to act i performa a for in Cl	n this cape ice of nive apter 605	acity. I further agree to comply with the duties, and I am familiar with and accep , F.S. Or, if this document is being filed

Timothy Mayville, Assistant Secretary

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

Signature of Registered Agent