11/3/21, 5:14 PM

Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274

Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

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## LLC REGISTERED AGENT CHANGE FCC FINANCE LLC

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INHS18 (2/14)

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	FCC Finance LL	С	
		ne of Limited Lial	bility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change and fe	ee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to the fo	flowing:
Ма	ry Castillo		
	Name of Person		-
Regis	stered Agent Solutions, Inc.		
	Firm/Company		-
1701	Directors Blvd, Suite 300		
	Address	· ·	-
Austi	n, TX 78744		
**	City/State and Zip Code		-
<u>E</u>	-mail address: (to be used for future and	nual report notifica	ation)
For fur	ther information concerning this matter.	, please call:	
Ма	ry Castillo	888 at (	705-7274
	Name of Person	\ <del></del>	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314
	Enclosed is a check for the following	; amount:	
	□ \$25 Filing Fee	<b>\$</b> 55	Filing Fee & Certified Copy

## 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.

Name of the limited liability company:     FCC Final	nce LLC			<del></del>
<sub>2. (a)</sub> 17000 DALLAS PKWY., STE 120	(b) PO E	3OX 795489		
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of funited liability company:  (Note: MAY BE POST OF FICE BOX)			<u></u>
DALLAS, TX 75248	DALL	_AS, TX 753		
8/8/2007	M070	00004793		
3. Date of filing/registration in Florida	4.	Document numb	er	
5. (a) COGENCY GLOBAL INC.  Registered Agent and Registered Office shown on the records of  115 NORTH CALHOUN STREET  Registered Office Address (MUST BE FLORIDA STREET)	SCORCIARY TALLAHASSE	2021 NOV -4 PM		
SUITE 4 TALLAHASSEE	32301		SEE RY O	1-4 P
(b) Registered Agent Solutions, Inc.  Enter name of NEW Registered Agent and/or NEW Registered  155 Office Plaza Dr.		_	F STATE FLORIDA	1: 52
NEW Registered Office Address: Suite A				
Tallahassee	32301	<del></del>		
If the limited liability company is not organized under the law the change or changes are made, the Florida street address of agent will be identical. Or, in the case of a Florida limited li- was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	the registered offi ability company, it of the limited liabil	ice and the business t is hereby confirm lity company or as (	s office of the regised that the change(	stered s)
/s/ Angela Wilkin	Angela Will		Executive Vice F	<sup>2</sup> resident
Signature of a member or authorized representative of a member		Printed or typed nar	~	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provide to merely reflect a change in the registered office address, I notified in writing of this change.	ee to act in this co performance of m d for in Chapter b hereby confirm the	ppacity. I further a v duties, and I am) 05, F.S. Or, if this st the limited liabili	gree to comply with familiar with and a document is being ity company has be	h the iccept filed sen

Mackenzie Hart, Asst. Secretary

Signature of Registered Agent