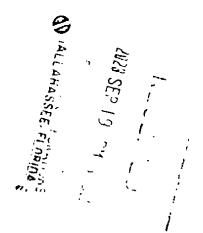
## MC1000001349

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of St	atus
Special Instructions to	Filing Officer:	
		Ì
	<del></del>	



FILED

2023 SEP 19 AM II: 29



Office Use Only



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

Account#: I20000000088

Date:	09/19/2023		
Name:	Xavian Brown		
	2111557		
	GEOSERVICES, LLC		
Articl	les of Incorporation/Authori	zation to Transact Business	
☐ Ame	ndment		
✓ Char	nge of Agent		
Rein	statement		
☐ Conv	version		
☐ Merg	ger		
☐ Disse	olution/Withdrawal		
☐ Fictit	ious Name		
☐ Othe	r		
Authorized A	Amount: <b>\$25.00</b>	<del></del>	
Signature: _	× Pm-		

## 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

ı) <u> </u>		(t	o)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ν	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	lo Change	_	No Char	nge
De	ecember 17, 2007	_	M	107000007349
-	Date of filing/registration in Florida	4.		Document number
a) C	CORPORATION SERVICE COMPANY			
	gistered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	- e:
1.	201 HAYS ST			
Re	egistered Office Address (MUST BE FLORIDA STREET	ADDRES:	<u>S)</u>	•
2	ND FL			_
<u>ו</u>	TALLAHASSEE , FI	3230 <sup>-</sup>	1	TÀL
, c	OGENCY GLOBAL INC.			PILE 2023 SEP 19 TÄLLAHASSET
_	nter name of NEW Registered Agent and/or NEW Registered	d Office ad	dress:	SS TO
1	15 North Calhoun St., Suite 4			AMII: 29 EE. FLORID
<u>N</u> !	EW Registered Office Address:			: 29 LATE ORIDA
Т	آallahassee <sub>, FI</sub>	L_32301		_
hange t will were	ited liability company is not organized under the lage or changes are made, the Florida street address of be identical. Or, in the case of a Florida limited lauthorized by an affirmative vote of the members of organization or the operating agreement of the	ws of the f the regi iability co	e State of Flo stered office ompany, it is nited liability	e and the business office of the regis s hereby confirmed that the change( y company or as otherwise provided
	F - 2 2 2	_	•	•

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