

((Requestor's Name)	
	(Address)	
((Address)	
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PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	Document Number)	
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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:	12/09/2024	
Name:	Cheyanne Davis	_
Reference	e #: 2561183	_
		SERVICES - JACKSONVILLE LLC
☐ Art	ticles of Incorporation/Authorization	to Transact Business
Am	nendment	
✓ Ch	ange of Agent	
☐ Re	einstatement	
☐ Co	onversion	
□ Ме	erger	
☐ Dis	ssolution/Withdrawal	
☐ Fic	ctitious Name	
U Otl	her	
Authorize	ed Amount: \$25.00	
Signature	: Chyma Paine	

F: +852.2682.9790

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

Principal office address of limited	liability company:	_ (b)	Mailing addres	ss of limited liability	company
(Note: MUST BE STREET				Y BE POST OFFICE	
No Change			No Change		
January 4, 2008			M08000000	049	
Date of filing/registration	in Florida	4.	Document	number	
Corporation Service Compar	٦y				
Registered Agent and Registered Office sh	own on the records of t	he Florida I	Dept. of State:		
1201 Hays Street					
Registered Office Address (MUST BE	FLORIDA STREET A	DDRESS)		2024 56.0 1A	30.3i.
Tallahassee	FL	32301-	2525	oághaithea TALLAHÁ	
COGENCY GLOBAL INC.				7.5	9
Enter name of <u>NEW Registered Agent</u> an	d/or NEW Registered	Office addr	ress:	E.FIA	- - -
115 North Calhoun St., Suite	4			· 🖶 -	_
NEW Registered Office Address:					

d the articles of organization or the operating agreement of the limited liability company.

/s/ Casey O'Connor

Casey O'Connor Authorized Person

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/ Timothy Mayville

Signature of Registered Agent



December 13, 2024

COGENCY GLOBAL INC.

,

SUBJECT: SEAONUS REFRIGERATED SERVICES - MOBILE LLC

Ref. Number: L02000034554

We have received your document for SEAONUS REFRIGERATED SERVICES - MOBILE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU DO NOT HAVE THE CORRECT DOCUMENT NUMBER FOR THE ENTITY SEAONUS REFRIGERATED SERVICES-MOBILE LLC.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 624A00027097

Anissa Butler Regulatory Specialist II

www.sunbiz.org