(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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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:	12/0	9/2024	_			
Name:_	CH	neyanne Da	vis			
Referen	nce #:	256118	3			
		AONUS CO		AGE - JA	CKSONV	ILLE LLC
A	Articles of Ir	ncorporation/A	uthorization t	o Transact (Business	
A	Amendmen	t				
V C	Change of A	Agent				
□ R	Reinstatem	ent				
	Conversion					
N	<i>M</i> erger					
	Dissolution/	Withdrawal				
☐ F	ictitious Na	ame				
	Other					
Authoriz	zed Amoun	t: \$	25.00			
Signatur	re:	Ohym Paire				

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: (Note: MUST BE STREET ADDRESS)		(ני <u></u>	Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)		
	No Change		No Cha	ange		
	January 4, 2008			M08000000050		
	Date of filing/registration in Florida	4.		Document number		
a)	Corporation Service Company					
-,	Registered Agent and Registered Office shown on the re-	ecords of the Florid	a Dept. of Sta	ate:		
	1201 Hays Street					
	Registered Office Address (MUST BE FLORIDA S	TREET ADDRESS	<u></u>	SECT TAL	2024 DEC	**********
	Tallahassee		1-2525	TALLAHASSEE	EC 12	enter prare
(b)	COGENCY GLOBAL INC.			ASSE.	ĀH	,
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u>	egistered Office ad	<u>ldress</u> :	E S	بو	
	115 North Calhoun St., Suite 4	ALE STE	5			
	NEW Registered Office Address:			_		
		, _{FL} 32301	 ·			

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in 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

Timothy Mayville, Assistant Secretary Division of Corporations • P.O. Box 6327 • Tallahassee, Fl. 32314 FILING FEE: \$25.00