M08000004232

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SECRETARY OF STATE ALLAHASSEE, HAR

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

Account#: I20000000088

Date:	10/12/2022	
Name:	Merritt Walker	
	1795030	
	»:	GILLIG LLC
	·	ration to Transact Business
	ndment	
	ige of Agent	
	statement	
	rersion	
Merg	er	
Disso	olution/Withdrawal	
Fictiti	ous Name	
Othe	r	
Authorized A	Amount: \$25	
Signature: _	mw	

F: 800.944.6607

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 Florida.

mber 17, 2008 Date of filing/registration in Florida ERSAL REGISTERED AGENTS, INC. d Agent and Registered Office shown on the records of the	N	No Change M08000004232 Document number
Date of filing/registration in Florida ERSAL REGISTERED AGENTS, INC.	4.	
ERSAL REGISTERED AGENTS, INC.	4.	Document number
<u> </u>		
d Agent and Registered Office shown on the records of th		
	ne Florida Dej	pt. of State:
CALIFORNIA STREET		
rd Office Address (MUST BE FLORIDA STREET A	DDRES <u>S</u>	
AHASSEE , FL	32304	FFS PS
		PIL of State: 2022 OCT 12 AM 9: 10 2022 F.F. F. F
ne of NEW Registered Agent and/or NEW Registered C	Office addres	77.
lorth Calhoun St., Suite 4		
egistered Office Address:		
nassee	32301	
	AHASSEE , FL. ENCY GLOBAL INC. Inc of NEW Registered Agent and/or NEW Registered Of New Registered Office Address:	AHASSEE , FL 32304 ENCY GLOBAL INC. Inc of NEW Registered Agent and/or NEW Registered Office address Forth Calhoun St., Suite 4 registered Office Address:

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 Jamiliar 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.

Printed or typed name of signee

/s/ Sean Honan

Signature of Registered Agent

Signature of a member or authorized representative of a member

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