(Re	equestor's Name)				
(Ad	ldress)				
(Ad	ldress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Bu	isiness Entity Nam	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
Special Instructions to	Filing Officer:				
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Office Use Only



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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

Date:0	5/19/2023	
Name:	Chris Vick	
Reference #:_	4005770	_ <del></del>
Entity Name:_	BIRCHSTON	E MANAGEMENT, LLC
☐ Articles ☐ Amendr ☑ Change	of Incorporation/Authorizat ment of Agent	
☐ Reinsta ☐ Convers ☐ Merger		
☐ Fictitiou	tion/Withdrawal s Name	
Authorized Am		

F: 800.944.6607



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

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Account#: I20000000088

Date:_	05/19/2023	
Name:	Chris Vick	
Refere	nce #: <b>1995779</b>	-
Entity I	Name: BIRCHSTONE I	MANAGEMENT, LLC
_	Articles of Incorporation/Authorization	o Transact Business
	Amendment Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
Author Signat	ized Amount: \$25.00	

## 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.

2. (a)		(b	)		1.12 1.212		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limite (Note: MAY BE POS	-	•	•
	No Change		No Cha	ange			
	May 4, 2009	_		M09000001640			
	Date of filing/registration in Florida	4.		Document number			
. (a)	CT Corporation System						
. (4)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of St	ate:			
	1200 South Pine Island Road						
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS	ì				
	Plantation, FI.	33324		<del>-</del> -	JAI JS	202:	
(b)	COGENCY GLOBAL INC.				CRE	2023 HAY 19	11
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	iress;	_	33 <u>7</u>	<del>-</del>	
	115 North Calhoun St., Suite 4			_		9 AH	
	NEW Registered Office Address:				; }	AM 111 00	<u> </u>
		20204		_			Ş
	Tallahassee , FL	32301		_			
he cha gent v vas/wo	mited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited libra authorized by an affirmative vote of the members colles of organization or the operating agreement of the	the regisability ed of the lim	stered offi mpany, it ited liabil	ce and the business o is hereby confirmed ity company or as oth	ffice of that the c	he reg change	istered (s)
	chael C. Roberts		ael C. R				
	ure 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