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	(Requestor's Name)
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	(City/State/Zip/Phone #)
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PICK-	UP MAIT MAIL
	(Business Entity Name)
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	(Document Number)
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Special Instruction	ons 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#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:10	0/28/2024	
Name:	Cheyanne Davis	
Reference #:	2532773	
Entity Name:_	LANDEAVOR	MANAGERS, LLC
☐ Articles	of Incorporation/Authorization	o Transact Business
Amendr	ment	
Change	of Agent	
Reinsta	tement	
Convers	sion	
Merger		
☐ Dissolut	tion/Withdrawal	
☐ Fictitiou	s Name	
Other		
Authorized Am	ount: \$25.00	
Signature:	Oryma 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 Florida.

1. Na	ame of the limited liability company: LANDEA	<u>AVOR</u>	MANA	<u> IGERS, I</u>	_LC		
- · · ·	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address o (<u>Note: MAY B</u>	l'limited li	ability co	ompany:
	No Change		No Change				
	April 13, 2011		M	11100000187	5		
3.	Date of filing/registration in Florida	4.		Document nu	mber		
5. (a)	LORRY, ADAM T			_			
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State	e:			
	10006 NORTH DALE MABRY HWY, STE 201			_			
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS)</u>					
	TAMPA, FI	33618		-			
(b)	COGENCY GLOBAL INC.				2		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :				E	024	
	115 North Calhoun St., Suite 4			_	AHAS	2024 OCT 2	<u> </u>
	NEW Registered Office Address:				بار دن کان	29 AM	
	Tallahassee	32301		-	ALLAHASSEE, FLORIDA	AM 10: 02	
the cha agent to was/w	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited l ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the regis iability co of the limi	tered offic mpany, it i ted liabilit	e and the busing s hereby confi y company or	ness offic rmed tha	ce of the it the ch	e registerec nange(s)
/s/ A	dam Lorry	Adan	1 Lorry				
Signa	ature of a member or authorized representative of a member			Printed or typec	I name of s	ignee	
provis the ob to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address. It is writing of this change.	ree to act e performa ed for in C hereby co	in this cap mee of my hapter 602 njirm that	acity. I furthe duties, and I a 5, F.S. Or, if to the limited lia	r agree t m famili his docu bility coi	o comp ar with ment is mpany i	ly with the and accep being filed has been
/s/ T	imothy Mayville						
Signati	ure of Registered Agent		_				

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