M110000002695

(Re	questor's Name)				
(Add	dress)	·			
(Add	dress)				
(City	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu:	siness Entity Nan	ne)			
(Document Number)					
Centified Copies	_ Certificates	of Status			
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JUN 1 1 2020



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

Account#: I20000000088

Date: _	06/10/2020	
Name:	Chris Vick	
	nce #: 1223166	_
Entity I	Name:BENER	ATION, LLC
	Articles of Incorporation/Authorization	to Transact Business
	Amendment	
~	Change of Agent	
	Reinstatement	
	Conversion	
	Merger	
	Dissolution/Withdrawal	
	Fictitious Name	
	Other	
Authori	ized Amorint: \$25.00	
Authori	ized Amount: \$25.00	 -
Signate	ure:	

F: 800.944.6607

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. No	une of the limited liability company: BENERAT	ION, LLC					
2. (a)		(b)	,\	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	No Change	<u> </u>	No Chan	ige			
	May 23, 2011			M11000002695			
3.	Date of filing/registration in Florida	4.		Document no	umber		
5. (a)	C T CORPORATION SYSTEM						
J. (a)	Registered Agent and Registered Office shown on the records of	of the Florida D	ept. of State	· :			
	1200 SOUTH PINE ISLAND ROAD					~	
	Registered Office Address (MUST BE FLORIDA STREET)	TADDRESS)			125	2020 JUH 10	
	PLANTATION , F	_L 33324			,		
(L)	COGENCY GLOBAL INC.					=== 4	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addr	<u>255</u> :			AII 7: 42	
	115 North Calhoun St., Suite 4				, -		
	NEW Registered Office Address:						
	T 11 1	22204					
	Tallahassee, F	L_32301		,			
the cha agent was/was/wasthe art	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registe liability comes of the limite the limited lia	red office pany, it is ed liability	and the busi hereby conf company or pany.	iness offic irmed that	e of the t the cha	registered inge(s)
Signa	/s/ Joshua J Winigrad	303110	a 3 VVIIII	Printed or type	ed name of s	ienee	
I here provis, the ob- to mer notifie	by accept the appointment as registered agent and a ions of all statutes relative to the proper and complet ligations of my position as registered agent as provid ely reflect a change in the registered office address, a d in writing of this change.	gree to act in te performan led for in Ch I hereby con	i this capa ice of my c apter 605, firm that t	icity Lfurthe	er avree to	o compl	v with the ind accept eing filed as been
Signati	/s/ Tim Mayville						

Tim Mayville, Assistant Secretary

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