M1100000)2719

(Requestor's Name)			
(Address)			
(Address)			
(• • • • • • • • • • • • • • • • • • •			
(City/State/Zip/Phone #)			
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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:	07/03/2019	
	Joy Weaver	_
	e #: 1089670	_
	me: ANPI B	USINESS, LLC
	ticles of Incorporation/Authorization	to Transact Business
	nange of Agent	2019 JUL
☐ Re	einstatement	12 13
☐ Co	onversion	• • •
M	erger	AH 10: 08
☐ Di	ssolution/Withdrawal	C. C.
☐ Fi	ctitious Name	
	ther	
Authorize Signature	e:	

F: 800.944.6607

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH F LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605,0114 or 605,0116. Florida Statutes, the undersigned limited liability compubmits the following statement in order to change its registered office or registered agent, or both, in the Statisfical

rtoria		NECC II	16
L Na	une of the limited liability company: ANPI BUSI	NE 55, LI	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	No Change		No Change
	May 27, 2011		M11000002719
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Corporation Service Company		
•	Registered Agent and Registered Office shown on the records o	f the Florida I	Dept. of State:
	1201 Hays Street		
(b)	Registered Office Address (MUST BE FLORIDA STREET	<u>"ADDRESS)</u>	2
	Tallahassee, F	L_32301-	-2525 <u>2019</u>
	COGENCY GLOBAL INC.		-2525 - 2
	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	<u></u>
	115 North Calhoun St., Suite 4		AH (0: 09
	NEW Registered Office Address:		
	Tallahassee, F	L_32301	
the cha agent v was/w	imited liability company is not organized under the lange or changes are made, the Florida street address will 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 regist liability cot of the limited li	stered office and the business office of the registe ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.
ISI S	cott Sawyer	Scott	t Sawyer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and acc the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being fit 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/ Tim Mayville

Signature of Registered Agent

Tim Mayville, Assistant Secretary

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 33

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