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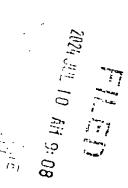
	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
	(Gity/Gtate/Zip/Ffione #)	
PICK-UP	☐ WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
	(2000	
Certified Copies	_ Certificates of S	tatus
Special Instructions to	Filing Officer:	





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

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	07/09/2024		
Name:	Patrice R	ush	<u></u>
	_{#:} 2411		
	e:		RUITY HR, LLC
Artic	les of Incorporation	n/Authorizatio	n to Transact Business
Ame	ndment		
✓ Char	nge of Agent		
☐ Rein	statement		
☐ Conv	ersion		
☐ Merg	jer		
Disso	olution/Withdrawal		
☐ Fictit	ious Name		
☐ Othe	r		
Authorized /	Amount:	\$25.00	
Signaturo:	(Mall)	//_	

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.

(a) _	· <u></u> -	(b		-		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of (Note: MAY BI		
	No Change	-	No Cha	nge		
	April 16, 2012	 -		112000002104	ļ	
	Date of filing/registration in Florida	4.		Document nur	nber	
(a)	Lewis, Matthew					
	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	e:		
	100 N. Cherry Street, Ste. 520					
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS	2	_		
	Winston-Salem , FI	27101		- - · · .	2024, #1, 10	
(b)	COGENCY GLOBAL INC.				, - =	
	Enter name of NEW Registered Agent and/or NEW Registered	Office ado	iress:	_	0	120111
	115 North Calhoun St., Suite 4			_	hii 9:	
	NEW Registered Office Address:			; , (**	: 08	
	Tallahassee , FL	_32301		_		
e char ent w is/we	mited liability company is not organized under the lange or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited ling authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the regis ability co of the lim	tered offic mpany, it i ited liabilit	e and the busing is hereby confir ty company or a	ess office med that	ce of the register it the change(s)
:/ Mil	ke Viola	Mike	Viola			
	ure of a member or authorized representative of a member			Printed or typed	name of	ict Plane

/s/ Timothy Mayville
Signature of Registered Agent Timothy

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

P. . .