M12000005011

(Re	questor's Name)				
(Ad	ldress)				
(Au	uiess)				
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Nan	ne)			
(Document Number)					
Certified Copies	_ Certificates	of Status			
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I ALBRITTON



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

Account#: I20000000088

Date:	06/04/2021	
	Chris Vick	
	ce #: 1378999	
Entity Na	ame:FT. LAUDERDAL	E ES LEASING, L.L.C.
	rticles of Incorporation/Authorization t	
A	mendment	
V C	change of Agent	
R	teinstatement	
C	Conversion	
□ N	1erger	
	issolution/Withdrawal	
☐ F	ictitious Name	
	Other	
Authoriz Signatur	re: \$25.00	

P: 800.221,0102

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.

2. (a)		_ (b)		<u></u>			
(Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of liv (Note: MAY BE F		- '	
	No Change	_	No Cha	nge			
	9/6/2012	_	М	12000005011			
3.	Date of filing/registration in Florida	4.		Document numb	er		
5. (a)	CORPORATE CREATIONS NETWORK INC						
J. (11)	Registered Agent and Registered Office shown on the records of the	e Florida	Dept. of Stat	e:			
	801 US HIGHWAY 1						
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)		_	·- -	202	
	NORTH PALM BEACH, FL_	33408		_	120 120 120 120 120 120 120 120 120 120	1821 JUN -4	
(b)	COGENCY GLOBAL INC.			_	1). 1). 100 100 100 100 100 100 100 100 100 10	-4 PH 1:19	S II I
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered t</u>	Office add	ress:			⊐ =	
	115 North Calhoun St., Suite 4			_	<u></u>	9 :	_
	<u>NEW</u> Registered Office Address:						
	Tallahassee, FL	32301		_			
the cha agent w was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the 1	he regis oility co `the limi	tered offic mpany, it i ted liabilit	e and the business is hereby confirm ty company or as o	s office c ed that th	of the r ie chan	egistered ge(s)
/s/ Fr	ederick D. McKalip	Fred	erick D. N	/IcKalip			
Signat	ure of a member or authorized representative of a member			Printed or typed na	me of sign	ee	
provisi the obli to mere	w accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I ha I'm writing of this change.	e to act performa for in C ereby co	in this cap nce of my hapter 60; njirm that	acity. I further a duties, and I am J 5, F.S. Or, if this the limited liabili	gree to c amiliar s documei ty compa	omply with an it is be iny ha:	with the id accept ing filed s been

Tim Mayville, Assistant Secretary

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

INHS18 (2/14)

/s/ Tim Mayville
Signature of Registered Agent