## M200006237

| (Requestor's Name)                      |  |  |  |  |  |
|---|--|--|--|--|--|
| (Address)                               |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |
|   |  |  |  |  |  |
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|   |  |  |  |  |  |

Office Use Only



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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

| Date:07/03        | 3/2019     |                               |   |
|-------------------|------------|-------------------------------|---|
| Name:             |            |                               |   |
| Reference #:      |            |                               |   |
| Entity Name:      |            | ANPI, LLC                     |   |
|                   |            | rization to Transact Business |   |
| Amendment         | l          |                               | • |
| Change of A       | ∖gent      |                               | • |
| Reinstateme       | ent        |                               | , |
| Conversion        |            |                               |   |
| ☐ Merger          |            |                               |   |
| ☐ Dissolution/    | Withdrawal |                               |   |
| Fictitious Na     | ame        |                               |   |
| Other             |            |                               |   |
| Authorized Amount | 1          | 0                             |   |

## 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

| r i              | err tett              | <i>i.</i>  |  |  |  |  |
|------------------|-----------------------|--|--|--|--|--|
| 1.               | Na                    | me of the limited liability company: ANPI, LLC   | <u> </u>   |  |  |  |
| 'n               | (a)                   |  |  |  |  |  |
|                  | ()                    | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  |  | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  |  |  |
|                  |                       | No Change  |  | No Change  |  |  |
|                  |                       | November 6, 2012   |  | M12000006237   |  |  |
| 3.               |                       | Date of filing/registration in Florida   | 4.   | Document number  |  |  |
| •                | (a)                   | CORPORATION SERVICE COMPANY  |  |  |  |  |
|                  | (417                  | Registered Agent and Registered Office shown on the records of the Florida Dept. of State:   |  |  |  |  |
|                  |                       | 1201 HAYS STREET   |  |  |  |  |
|                  |                       | Registered Office Address (MUST BE FLORIDA STREET ADDRESS)   |  |  |  |  |
|                  |                       | TALLAHASSEE  | FL_32301-  | 2525   |  |  |
|                  | (b)                   | COGENCY GLOBAL INC.  |  |  |  |  |
|                  |                       | Emer name of <u>NEW Registered Agent</u> and/or <u>NEW Registe</u>   | red Office addi  | <u>'ess</u> :  |  |  |
|                  |                       | 115 North Calhoun St., Suite 4   |  |  |  |  |
|                  |                       | NEW Registered Office Address:   |  |  |  |  |
|                  |                       | Tallahassee  | FL_32301   |  |  |  |
| th<br>ag<br>w    | e cha<br>as/wa        | imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membeicles of organization or the operating agreement of | s of the regist<br>d liability cor<br>rs of the limit              | ered office and the business office of the registered<br>npany, it is hereby confirmed that the change(s)<br>ted liability company or as otherwise provided in   |  |  |
| /s/ Scott Sawyer |                       |  | Scott  | Scott Sawyer   |  |  |
|                  |                       | ture of a member or authorized representative of a member  |  | Printed or typed name of signee  |  |  |
| pi<br>th<br>to   | ovisi<br>e obi<br>mer | hy accept the appointment as registered agent and<br>ions of all statutes relative to the proper and compl<br>ligations of my position as registered agent as prov<br>ely reflect a change in the registered office address<br>d'in writing of this change.            | agree to act i<br>ete performa<br>ided for in Ci<br>. I hercby coi | in this capacity. I further agree to comply with the<br>nce of my duties, and I am familiar with and accept<br>hapter 605, F.S. Or, if this document is being filed<br>nfirm that the limited liability company has been |  |  |

/s/ Tim Mayville

Signature of Registered Agent

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