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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:	01/12/2021				
Name:					
Reference #:	4000580	_			
		ASSET PROTECTION, LLC			
Article	es of Incorporation/Authorization	n to Transact Business			
Amen	dment				
✓ Change of Agent					
☐ Reins	tatement				
☐ Conve	ersion				
☐ Merge	er				
Disso	lution/Withdrawal				
Fictition	ous Name				
Other					
Authorized A Signature:	mount \$25.00				

ASIA PACIFIC HQ

## 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. Na	me of the limited liability company: CHENEGA	TOTAL A	ASSET PROTECTION, LLC
2. (a)		(b)	
. (,	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
	January 23, 2013		M1300000475
<b>}</b> ,	Date of filing/registration in Florida	4.	Document numbers
5. (a)	UNISEARCH, INC.		
. (41)	Registered Agent and Registered Office shown on the records of	the Florida D	Dept. of State:
	155 OFFICE PLAZA DRIVE		2 2
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)	一
	TALLAHASSEE, FL	32301	M1300000475  Document numbers  Dept. of State:
(b)	COGENCY GLOBAL INC.		
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	ress:
	115 North Calhoun St., Suite 4		
	NEW Registered Office Address:		
	Tallahassee	32301	
he cha igent v was/we	imited liability company is not organized under the lavinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members coles of organization or the operating agreement of the	ws of the S the registe ability com of the limit	tered office and the business office of the registered inpany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
/s/ Pe	eter Nosek	Peter	Nosek
_	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi he obl o merc	by accept the appointment as registered agent and agr ons of all statutes relative to the proper and complete igations of my position as registered agent as provide By reflect a change in the registered office address, I I in writing of this change.	performan d för in Ch	nce of my auties, and r am familiar with and accept hanter 605. F.S. Or, if this document is being filed
	m Mayville		
Signatu	re of Registered Agent Tim Mayville, Assistant Secr	retary	

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