## M13000002322

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Account#: 120000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	04/10/2024	
Name:	Patrice Rush	<u> </u>
Reference #	2240948	
	CF REAL ES	TATE SERVICES LLC
☐ Article	es of Incorporation/Authorizatio	n to Transact Business
Amen	dment	
Chan	ge of Agent	
Reins	tatement	
☐ Conve	ersion	
☐ Merge	er	
☐ Disso	lution/Withdrawal	
☐ Fictition	ous Name	
Other		
Authorized A	mount: \$25.00	
Signature:	(Past)	

## 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.

		Mailing address of limited liability compan
Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS)	iny:	(Note: MAY BE POST OFFICE BOX)
No Change	<u>N</u>	lo Change
April 12, 2013		M13000002322
Date of filing/registration in Florida	4.	Document number
NRAI Services, Inc.		
Registered Agent and Registered Office shown on the rec	ords of the Florida De	pt. of State:
1200 South Pine Island Road		
Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)	<del></del>
		<b>202</b>
Plantation	33324	2024 APR
COGENCY GLOBAL INC.		2024 APR II
COCENCY OF OBALING		2024 APR II AMI
COGENCY GLOBAL INC.		2024 APR II AM IO: 31 TALLAHASSEE, FLORIDA
COGENCY GLOBAL INC.  Enter name of NEW Registered Agent and/or NEW Registered Agent Agen		2024 APR II AMIO: 31 TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

## /s/ Kasi M. Moeskau

Kasi M. Moeskau

Signature of a member or authorized representative of a member

Printed or typed name of signee

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

Signature of Registered Agent

Michael Carlisle, Assistant Secretary
Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassec, FL 32314
FILING FEE: \$25.00