M13000005719

(R	equestor's Name)	
(A	ddress)	
	13	
(A	ddress)	
(Č	ity/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(5)	unio de Fatto Manas	
(8	usiness Entity Name)	
(Ď	ocument Number)	
Certified Copies	Certificates of S	Status
	·	
Special Instructions to Fili	ing Officer:	

Office Use Only



700398329967

2022 DEC -2 ATTT: 10

2022 DEC -2 AM 11:5

A. BUTLER
DEC - 5 2022



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 **866.625.0838** COGENCYGLOBAL.COM

Account#: I20000000088

IING, LLC
iness
ISSUES? CALL
KEN:
518-213-0738

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. N	ame of the limited liability company:CAREY GRO	OUP PL	JBLISHI	NG, LLC			
2. (a)		_ (b)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address (Note: MAY		•	
	No Change		No Change				
	September 9, 2013			M130000057	19		
3.	Date of filing/registration in Florida	4.		Document n	umber		
5. (a	CAREY, MARK			_			
`	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of Sta	ate:			
	8615 S. Highway A1A						
	Registered Office Address (MUST BE FLORIDA STREET A						
	Melbourne Beach .FL	32951		_		2022 DEC	7
(b)	COGENCY GLOBAL INC.					t	- b
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	dress:			$\dot{\sim}$	Ţ.
	115 North Calhoun St., Suite 4			_	 	A	y
	NEW Registered Office Address:				-: <u>-</u> .51	0.1	
	Tallahassee, FL	32301		_			
the chagent was/v	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regis ability co f the lim	stered offic ompany, it lited liabil	ce and the bus is hereby conf ity company or	iness off firmed th	ice of t at the o	he registered change(s)
	Marc Benesh		<u>/larc Ber</u>	nesh	. 4	· .•	
I here provis the ob to me	ature of a member or authorized representative of a member eby accept the appointment as registered agent and agr sions of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office address, I he ed in writing of this change.	ee to act perform I for in (iereby co	in this ca ance of my Chapter 60 onfirm tha	Printed or type pacity. I furth y duties, and I 05, F.S. Or, if at the limited li			aply with the h and accept is being filed y has been
	imothy Mayville						
Signat	ture of Registered Agent Timothy Mayville, Assistant S	Secreta	irv				

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