M13000 007823

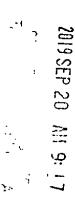
| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| (Address) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special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



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CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Katie Boese katie.thomas@cscglobal.com

Date: September 18, 2019

Order#: 902489-032

Re: FLEXENTIAL TAMPA 3.0 LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX __ Issue Proof of Filing.

MX Please return evidence to the following:

Attn: Katie THOMAS

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office QUCA.XCOA

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOT LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in the Florida.

| 1. | Na | me of the limited liability company: FLEXENTIA | L TAMPA 3.0 | LLC |
|-----------------------|---------------------------------|---|---|--|
| 3 | (a) | 8809 LENOX POINTE DR STE G | (b) | 8809 LENOX POINTE DR STE G |
| | (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability com (Note: MAY BE POST OFFICE BC |
| | | CHARLOTTE, NC 28273-337 | | CHARLOTTE, NC 28273-3375 |
| | | 12/11/2013 | i | M13000007823 |
| 3. | | Date of filing/registration in Florida | -1. | Document number |
| 5. | (a) | COGENCY GLOBAL INC. | | |
| -7- | (4) | Registered Agent and Registered Office shown on the records | ept. of State: | |
| | | 115 North Calhoun St. | | |
| | | Registered Office Address (MUST BE FLORIDA STRE | ET ADDRESS) | |
| | | Suite 4 | | |
| | | Tallahassee | FL_32301 | 2019 |
| | (b) | Corporation Service Company Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> | red Office addre | 2019 SEP 20 |
| | | 1201 Hays Street | | 9: |
| | | NEW Registered Office Address: | | |
| | | | | · |
| | | Tallahassee | FL_32301 | |
| the ag wa | e cha ent v as/we | 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 membe cles of organization or the operating agreement of | s of the registe d liability com rs of the limite | red office and the business office of the req pany, it is hereby confirmed that the chang ed liability company or as otherwise provid- |
| | | Lie & Coni | Jill Cil | mi, Authorized Person |
| I. pr the to | hered ovisi e obl mere | ture of a member or authorized representative of a member by accept the appointment as registered agent and ons of all statutes relative to the proper and compl igations of my position as registered agent as prov ly reflect a change in the registered office address | ete performan | ce of my duties, and I am familiar with ana- |
| no | otifica | Tin writing of this change. Loca Chable re of Registered Agent Corporation Service Compan | | ce E. Kirby, Asst. Vice President |