(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	MAIT	· MAIL
(Bu	siness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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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:09/26/	/2019		
Name:			
Reference #:			
Entity Name:		ONVOY, LLC	
		ation to Transact Business	19 SEP 26 FA W 18
	gent		28
Reinstatemer	nt		
Conversion			12
Merger			
☐ Dissolution/M	/ithdrawal		2019 S.T.
Fictitious Nan	ne		17 26
Other	<u> </u>		
Authorized Amount:	\$25.00		PH 12: 4.7
Signature:	itaile		

F: 800.944.6607

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.

(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
	April 17, 2014		M14000002632
	Date of filing/registration in Florida	4.	Document number
(a)	CT Corporation System		
	Registered Agent and Registered Office shown on the record	s of the Florida Dept.	of State:
	1200 South Pine Island Road		
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	
	Plantation	FL_33324	2019 \$1.7 26
(b)	COGENCY GLOBAL INC.		2
107	Enter name of NEW Registered Agent and/or NEW Registe	ered Office address:	į.
	115 North Calhoun St., Suite 4		PH 12: 1.7
	<u>NEW</u> Registered Office Address:		77
	Tallahassee	.FL_32301	
-1. 1'			
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 registered d liability comparers of the limited l	foffice and the business office of the register by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
			O'Hara

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/ Tim Mayville

Signature of Registered Agent

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