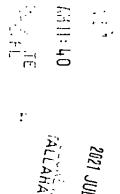
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(Requestor's Name)				
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PICK-UP	☐ WAIT	MAIL		
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Account#: 120000000088

Date:	07/28/2021	
Name:	Marcel Ogbonna-Amu	
Referenc	se #:1436189	
Entity Na	me: PINNACLE FLOWERS, LLC	<u> </u>
☐ Ar	ticles of Incorporation/Authorization to Transact Busines	
₽ Cł	nange of Agent	ANY ISSUES, CALL MARCEL:
☐ Re	einstatement	(518) 213 - 0826
Cd	onversion	Thank you!
□ М	erger	
☐ Di	ssolution/Withdrawal	
☐ Fi	ctitious Name	
□ Ot	ther	
Authorize	ed Amount: \$25.00	
Signature	8: Marcel og homes- Franc	

P: +852.2682.9633

F: +852.2682.9790

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.

Name of the limited liability company:		PINNACLE FLOWERS, LLC	
2. (a)	7270 NW 12 Street Suite 554	(b)	7270 NW 12 Street Suite 554
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami, FL 33126		Miami, FL 33126
	09/23/2014		M14000006859
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Anzalone, Michael	_	
(11)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of	State:
	7270 NW 12 Street Suite 554		
	Registered Office Address (MUST SE FLORIDA STREET)	ADDRESS)	
	Miami FL	33126	2
(b)	COGENCY GLOBAL INC.		
	Finter name of NEW Registered Agent and/or NEW Registered	Office address:	
	115 North Calhoun Street, Suite	4	
	NEW Registered Office Address:		- 5
	Tallahassee . [F]	32301	
the chagent was/w the ar Sign I here provis the off to mediate the chagent to the chagent the chagent to the chagent thas changed the chagent the chagent the chagent the chagent the ch	limited liability company is not organized under the lar ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the fine of a member or authorized representative of a member why accept the appointment as registered agent and ag- tions of all statutes relative to the proper and complete digations of my position as registered agent as provide why reflect a change in the registered office address. I	the registered of ability company, of the limited liability limited liability from to get in this	flice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company. Printed or typed name of signee.

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