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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301

P: 866.625.0838 F: 866.625.0839

COGENCYGLOBAL.COM

Account#: I20000000088 If there are any issues please contact Patrice at 850-202-9071

Date:	10/20/202 4	
Name:	Cheyanne Davis	_
Reference #	#:2532773	_
	e:LAND	EAVOR, LLC
Articl	les of Incorporation/Authorization	n to Transact Business
☐ Ame	ndment	
Char	nge of Agent	
Rein	statement	
Conv	version	
☐ Merg	ger	
Disse	olution/Withdrawal	
☐ Fictit	tious Name	
Othe	er	
Authorized.	Amount: \$25.00	
Signature:	Chyma Paine	



115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

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

Date:	10/28/2024				
	Cheyanne Davis				
Reference #	2532773				
	LANDEAVOR, LLC				
	es of Incorporation/Authoriz				
Amer Amer	ndment				
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Conversion					
Merger					
☐ Dissolution/Withdrawal					
Fictiti	ous Name				
Other	r				
Authorized A	Amount: \$25.00				
Signature:	(Vryme Paine				

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.

l. Ni	ame of the limited liability company:LANDE/	AVOR, LI	LC
,	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 No	Change
	November 4, 2014		M14000008029
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	LORRY, ADAM T		
., (11)	Registered Agent and Registered Office shown on the records of	f the Florida Dept.	of State:
	10006 N DALE MABRY HWY #201		
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
			~ 2
	TANADA	33618	202400
	TAMPA , F	(
41 .	COGENCY GLOBAL INC.		(5)
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
	115 North Calhoun St., Suite 4		<u>-</u>
	NEW Registered Office Address:		
	Tallahassee	1. 32301	
	Talialiassee	7, 32301	
the cha agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered iability compar of the limited I e limited liabili	I office and the business office of the registered ny. it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
	dam Lorry sture of a member or authorized representative of a member	Adam Lo	Printed or typed name of signee
I here provis the oh to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d'in writing of this change.	gree to act in the e performance ed for in Chapt Thereby confirm	as canacity. I further agree to comply with the
	imothy Mayville		

Timothy Mayville, Assistant Secretary

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