## M150000000022

(Re	equestor's Name)			
(Ac	ddress)			
(Ad	ddress)			
(Ci	ty/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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Account#: 120000000088

Date:03/2	7/2019		
Name:		<del></del>	
Reference #:	1057086	<u> </u>	
Entity Name:	RAZO	OR INSIGHTS, LLC	
☐ Articles of I ☐ Amendmen ☐ Change of ☐ Reinstatem ☐ Conversion	ncorporation/Authoriz it Agent ent	ation to Transact Business	2019 MAR 27 AM 9: 08 SECRET LASSESSES FLOWERS
☐ Fictitious N	nt: <b>\$25.00</b>		
Signature:	Joy Weaver	1	

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

Floride	$\iota$	j		
I. Na	une of the limited liability company: RAZOR IN	ı\$IGHTS.	, LLC	
2. (a)		(b)	2)	
2. (11)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)	r:
	No Change	<del> </del>	No Change	
	January 13, 2015		M15000000622	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	CT Corporation System	1		
2. (4)	Registered Agent and Registered Office shown on the records	of the Florida	a Dept. of State:	
	1200 South Pine Island Road			
	Registered Office Address (MUST BE FLORIDA STREE	TADDRESS	2019 <b>)</b> SECO	
	Plantation1	FI 33324	FIL 2019 MAR 27 SECRETAR SALLANDAR	
(b)	COGENCY GLOBAL INC.	1		; <del></del>
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add		Ċ
	115 North Calhoun St., Suite 4			
	NEW Registered Office Address:			
	Suite 4	<del></del>		
	Tallahassee	FL 32301		
signa  I here provisi the obt to mere	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street of a member or authorized representative of a member that accept the appointment as registered agent and a light of all statutes relative to the proper and completing ions of my position as registered agent as provided verflect a change in the registered office address, d in writing of this change.	of the regis liability cos s of the lim he limited I	istered office and the business office of the registered office and the business office of the registered that the change (nited liability company or as otherwise provided liability company.  Sica Collins  Printed or typed name of signee or in this capacity. I further agree to comply with the company of the comply with the capacity of the complex with the capacity.	stered (s) d in ————————————————————————————————————

nouned in writing of this change.

Signature of Registered Agent Tim Mayville, Assistant Secretary

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